STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	5	1		2	0
DAY	YE	A.R	2h	HOUR	-

72	1.	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	15/29
)	(CAM	CEASED NAME FIRST ANNA		Ä	ccles	20. DATE OF DEATH MONTH	10 85 70 M
	3.5E	FEMALE	White	5 DATE O MONTH		6 AGE (IN YEARS LAST BIRTHDAY)	
1		IRTHPLACE (STATE OR FOREIGN COUNTRY) Poland ITY OR TOWN OF DEATH	U.S.A.	MARRIEL	NEVER MARRIED DIVORCED DIVORCED DIVORCED	ANNE	Arundel Cu, MD.
10	8	A SIDENCE (IF NURSING HOME OR	REASA!	Y, GIVE STREET ADDRESS)	CONI CENTER	"Housekeeper"	
6	13e	STATE 13b. COUN		TY OR TOWN	13d INSIDE CITY LIMITS? YES NOXIX	130.STREET ADDRESS / ZIP C	
4	2		MED FORCES? 116h SO	Moczan CCIAŁ SECURITY NO.	Paulin 17 INFORMANT	WIDDLE	Fadak
/			E WAR OR DATES)	1-09-4851	Anne Platts	16Erie Place,	Nutley, New Jers
	NOI	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	ephaalus		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION F	OR WHICH OPERATION	N WAS PERFORMED		PYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
9	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA FIFE HITTER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED WHILE OT WHILE ALWORK	HOUR A.M. M. P.M. 21e PLACE OF INJU	ONTH DAY YEAR 19	21c. HOW INJURY OCCURI 21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2) (OUNTY STATE
7		220.1 certify that (I) (this hasping stew, the decepted player an above (I) two didn (did no 17th, SNATURE)	June 10	19 85 , an	d that in (my) (aur) apinian GREE ATTENDING PHYSICIAN 22e ADDRESS WEST ST.	death accurred an the date and MEDICAL STAFF DIRECTOR PHYSICIAN Annapol	haur and from the causes stated 22c. DATE SIGNED 6-10-85 is, Md.
	23a. I	BURIAL CREMATION, REMOVAL (SPECIFY) Burial	6-14-85		emetery or crematory n's Cemetery	23d LOCATION CITY OR TOWN	COUNTY STATE
/84		uneral director Iarzüllo F. S.		isterstown,	25a. DAT	E REC'D. BY REGISTRAR 256 RE	age Queens, N. Y. GISTRAKS SIGNATURE in Bavidson-Handelle

DHMH - 16 60M 7 (VRA 15, 4)

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		EASED NAME FIRST OR PRINT)		MIDDLE	LAST	20. DATE KNOW OF ESTI-	O 6-16-85	AR 26 HOUR
TEASE CTOR PILES PIEET			IFFORD	ROY	ADAMS	OF ESTI- DEATH MATE	17	EAR 24 HOLD
CESSARY, PIEAS LEAL DIRECTOR DOR YOUR FILE VITHIN 72 HOUSE PRESTON STREE	3. SEX	NE WHITE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) 1943 41 YRS.	IF UNDER I.YR. IF UNDER	24 HRS 2c DATE PRONOUNCED DEAD	6-16-85	5:05 A
3755311	7a BIF	RTHPLACE (STATE OR	76. CITIZEN OF WI		MARRIED NEVER MARRI	9 BALTIMORE CI	ITY OR COUNTY OF DEATH	Н
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HOURS M 18. G WG WII RMIT. F RMIT. F		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D DV	far (a), (b), ond (c).) Itiple gunsh	ot wounds		APPROXI BETWEEN O	MATE INTERVAL DISET AND DEATH
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CORDS, SE EXECT MDING" LDING" SA BUR SA BUR SEMATIK	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PA	RT 1 (a)		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTION THE WORD "FENDING" ROBE TO THE CHIEF MEDICAL SE 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEATH AND OI PRIOR TO BURIAL, CREMATI	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOF	
NAME OF STREET O	CERT	210 EXTERNAL CAUSE WAS	216 TIME OF	FINJURY	21c. HOW INJURY OCCURRE			
CERTIFICATE TING THE W TO THE 3 SHOULD B DEPARTMEN	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF			subject shot			
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISI BALTIR FORMAT.	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, JORY, FARM, ETC.) NOME	8144 Solley	Road CITY OR TOWN Page	sadena, Maryl	and STATE
POR POR PRESENTATION OF THE STATE OF THE STA		220 I certify that I taak charg	ge of the remains de	scribed above, held on	Autopsy X, Inspection		ond in my opinion	
EXAMINER: CERTIFICATE DIRECTOR: WITH THE SWARYLAND,		death resulted fram: Notu	ral causes .	Accident , Suici	de , Homicide X	Undetermined monner	<u>. </u>	
ANDUE CE. WANTH, WATH, W		ACTUAL SIGNATURE YOU	ato In	egoul	4.	Lt_MEDICAL EXAMINER	DATE SIGNED 6-1	6-85
MEDICAL ECUTE THE GE 4 SHO FUNERAL TER DEATH	1500	EXAMINER'S NAME (TYPE OR PRINT) Ma	rgarita A	Korell.M.D	ADDRESS 111	Penn Street		
DAY OF A	15	IRIAL, CREMATION, REMOVAL	-Aurella A		TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	O SOUNTY	STATE
07/84 BP		BURIAL DIRECTOR	JUNE 20,19		ARY CEMETERY	MESSENA REC'D. BY REGISTRAR 256.	OT. LAWRENCE REGISTRAR'S SIGNATURE	E N.Y.
DHMH - 17 (VR A15 ME (5))	B	ARRANCO BINE	2AL HOME	SEVERNA F	ARK MO 1	O 400F //	Savidson-Randell	6

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BP			URIAL, CREMATION, RE Cremation	MOVAL	236. DATE 5 Jur	ne 85			METERY OR CREM		Catons v		Baltimore	
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STATE OF MARYLAND DEPARTMENT O

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	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	URTHDAY]	IF UNDER	1 YEAR	IF UNDER 2
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Page Haurs		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8	NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
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certificate Ing physical banpaper remayol ic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause per ISED BY: IATE CAUSE (a)	line for (a), (b), a	nd (c).)	Pancreat	nic cavai	noma		MATE INTERVAL DNSET AND DEATH
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D 0 E		27x I certify that (I) (this he saw the deceased alive above; (I) (we) (did) (did	019	19	7 or	d that in (my) (our) opinion	death occurred an th	e date and haur	ond from the	that (I) (we) last
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BP		BURIAL, CREMATION, REMOV SPECIFY) Burial	June 2	7,1985 C		field Cemeter	23d. LOCATION	٧	COUNTY	STATE
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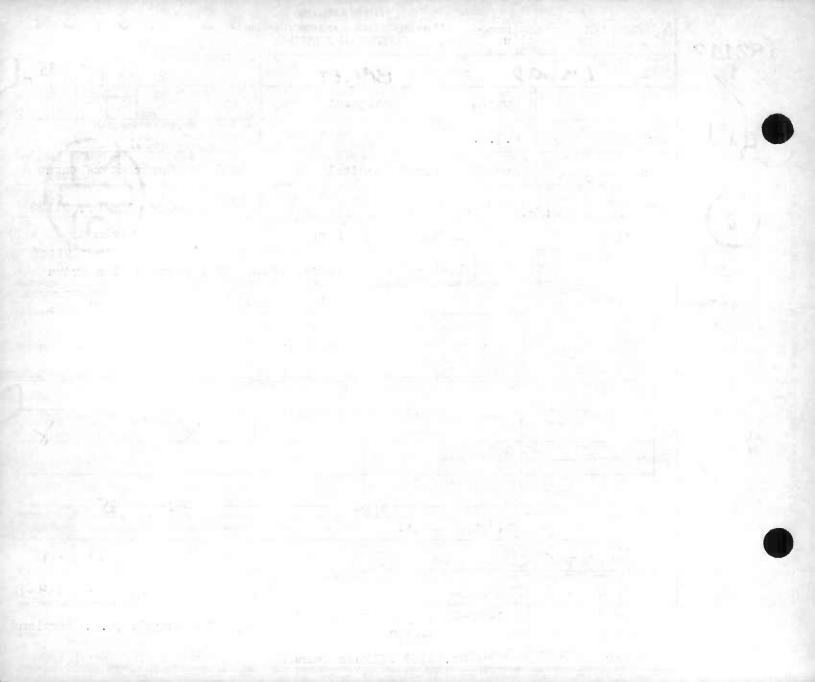
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Arton Ameril one Camas h. Darton, Jr., Jartreville, Fd. 21617

BALTIMORE, MARYLAND 21201	
I W. PRESTON ST.	
RECORDS, 20	
DIVISION OF VITAL RECORDS,	
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182112		REGISTRAR	В	Linwoo ailey		AENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		134
e de	II. DE	Linwood	FIRS?	4	ass		ley	20 DATE OF DEATH	6-24-8	PS // 35 AM
ge 4 ma	3. SE	Male	4	Whit	e	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRT)		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
95		RTHPLACE (STATE OR FO	DREIGN 7	U.S.A	WHAT COUNTRY?	8. MARRIE WIDOWE		9 BALTIMORE CITY OF Anne An	county of DEA	
by the fulled with	- 4	Annapolis		Arund	e1 Genera	Torthos	pital	120 USUAL OCCUPATION OF THE STATE OF THE STA		IND OF BUSINESS OR USIR'S teven Heaver
13 85	USU. 13₀ S Ma	al residence (if nursing the state ryland	A A	THER INSTITUTION	GIVE RESIDENCE BEFORE 124 CHTY OR TOWN Pasadena	admission) N	13d. INSIDE CITY LIMITS? YES NO A	13. STEETSADDRESS / Forr	ZIP CODE est Glen	Dr. 21122
1/20		Basil	M	IDDIE	Bailey		Mary Mary	ME MIDDLE A	Lak	e LAST
n and c.		VAS DECEASED EVER IT	U.S. ARM	ED FORCES? WAR OR DATES)	166 SOCIAL SECUI 219-10-0		Needra Gorm	an 8048 For	rrest Gle	21122 n Drive
aw requires that the death certificate the been signed by the attending physicia mit. Then please remove carbon papers priar to burial, cremation, ar removal.	ATION	Conditions, if any, gave rise to imm cause 101, stating underlying cause	which ediote the lost	DUE TO, O		NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COND		
HYSICIAN: The Indiang physician. Its certificate has burial-transit per Mental Hygiene or Irem 18 shows	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDE OR CONTRIBUTING OF (IF EITHER NOTIFY MEDIC) 21d. INJURY OCCURRE WMILE NOTIWHIL	RLYING NUSE OF DEAT AL EXAMINER)	216. TIME C HOUR A. P. 21e PLACE	M. MONIH DA	YEAR	211. LOCATION STREET	YES NO	YES YES TO THE TERM OF PA	AUSES OF DEATH?
O HOSPITAL OR ATTENDING PRetained by the hospital ar atter 10 FUNERAL DIRECTOR: After 14 should be detached for use as the with the State Dept. of Health and MPORTANT: If them 21 is marked		220. I certify that (I) (sow the decease oboye, (I) (we) (di 22b. SIGNATURE 22d. PHYSICIAN'S NA/	this hospited dive on _d) (did not)	View the body Selo PRINT)	ofter death.		22e ADDRESS	death occurred on the dol MEDICAL STAFI DIRECTOR PHYSICI ST AG	F	DATE, SIGNED 7/25/85
BP	24 FI	Burial Burial	EMOVAL	^{23b} DATE 2	8-85 G1	len Ha	aven Memorial 250 DAT kens Avenue	Pk. Glen B	urnie ,A.	A. Maryland



PRESTON

201

DIVISION OF VITAL RECORDS,

TTENDING

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CER

CERTIFI	CATE OF DEATH	REG. NO	O.	104
and Middle	AKER	20 DATE OF DEATH	6-17-8	5 785/
CE 2 S DATE O MONIH	- 10 - 95	6. AGE (IN YEARS LAST BIR)	YRS.	DAYS HOURS MIN
TIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI	DIVORCED [9 BALTIMORE CITY O	Rundel C	ecenty ME
NAME OF HOSPITAL, NURSING HOME O LIENOT IN SUCHFACILITY, GIVE TREET ADDITIONS) SNE HYUNCE (SEN	ed tospital	170. USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OF	F WORKING LIFE) INDUS	LON CO.
R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN 134 NN APO 115	13d. INSIDECITY LIMITS? YES NO	130 STREET ADDRESS	[.]	21401
e BAKER	15 MOTHER'S MAIDEN NA. FIRST HESTER	FREEMA		BAKER
FORCES? 166 SOCIAL SECURITY NO. 212–12–3405	MARY L. PEN	IDELL (SAM	E AS ABOVE	
e cause per line Ppi, (b), and ic. USE (a) Plyma	try Dru	ef.	BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
DUE TO, OR AS A DINSEQUENCE OF	ma yl	ung.		
DUE TO, OR AS A CONSEQUENCE OF	0	0		25
ditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PAR	RT 1ra
196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FI IN CERTIFYING CAL YES	
21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21a. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PAR	T 2)
21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	wn count	Y STATE
ottended the deceased from 19 . an	d that in (my) (an) apinian	death occurred on the do	19 85 ote and hour and Iron	, that (I) (we) h as the causes stated
	MO ATTENDING PHYSICIAN	MEDICAL STAF	FF	CO/108

CERTIFICATION e pr 210. ACCIDENT WAS UNDERLYING 8 OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an d) (did nat) view the bady after death Dept. old be detach the State De MPORTANT 22d. PHYSICIAN'S NAME (TY E OR PRINT) shoul with

(SPECIFY)

BURIAL

FOR

REGISTRAR DECEASED NAME (TYPE OR PRINT)

TO BIRTHPLACE (STATE OR FOREIGN

NORTH CAROLINA O. CITY OR TOWN OF DEATH

DORSEY

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying cause last

190 DATE OF OPERATION

IYES, NO OR UNKNOWN

NO

ANNAPOLIS

Md 4 FATHER'S NAME FIRST

30 STATE

Clwar

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS

MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

Na.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

76 CITIZEN OF WHAT COUNTRY?

185

1 - STATE

230. BURIAL, CREMATION, REMOVAL 23b. DATE JUNE 22,

23c NAME OF CEMETERY OR CREMATORY ZION CHURCH

22e ADDRESS

23d LOCATION NEW MARKET.

MĎ

DHMH - 16 60M 7/84 (VRA 15, 4)

DIRECT

FUNERAL

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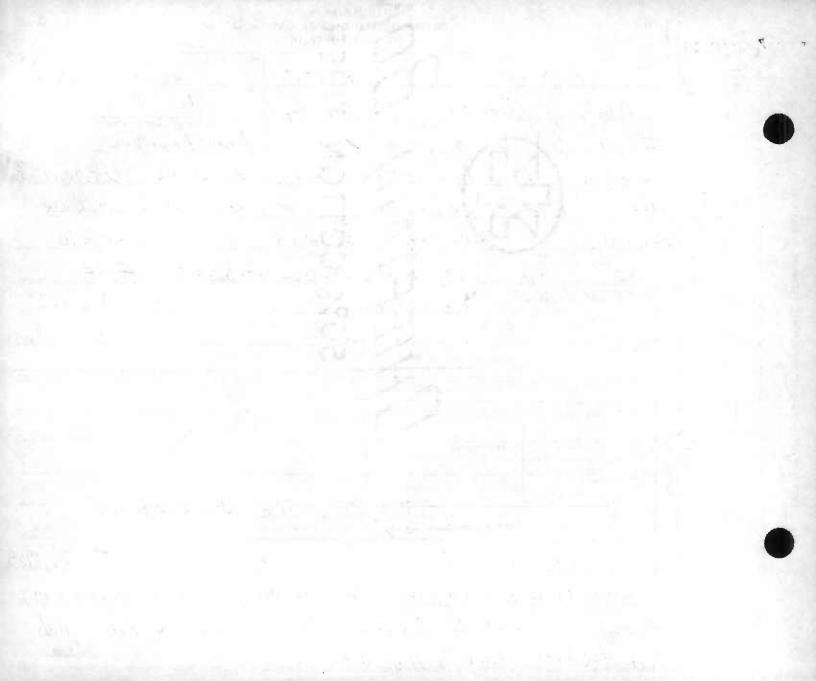
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24 FUNERAL DIRECTOR UNION ST., MILTON, DE

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STATE OF MARYLAND 5 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

183061	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
page 3		OR PRINT)	PIANO	Bartoletti	20. DATE OF DEATH MONTH	24-85 10 3 M
ge 4 may	3. SE:	Male		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dire		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	A NAIE ARUI	NTY OF DEATH VDEL MD.
s offer d	10. CI	NNAPULS	11. NAME OF HOSPITAL, NURSING AFFORD IN SUCH PACILITY, GIVE STREET AL ANNE ARUNDEL	HOME OR OTHER INSTITUTION OF ENERAL HOSPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING BRICK MYER	126 KIND OF BUSINESSOR
n 24 hour	13a. S	LESIDENCE (IF NURSING HOME OR TATE 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFORE A 131. CITY OR TOWN CO. PUWNSU	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	m CRECK DR.
omp to no	B	RKARd	BARtolett	IS MOTHER'S MAIDEN NAM	MIDDLE	DiANGElo
be exect		/AS DECEASED EVER IN U.S. AR. (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	7/13A CARMEL	AR LOCAST	#13E
ertificate ig physici sonpoper removal.			ly one couse per least y 101, (b1, and D BY:	monia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death of the attending the attending to the attending or the attending or other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	RMIA		3 months
equires the signed Then plecto to burial injury, ar	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 11a
non. hos bee it permit. iene prior	CERTIFICATION	19a date of Operation	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO [
ing physical physical physical certificate rial-transition and Hygistem 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	Y YEAR 19	ED (ENTER NATURE OF INJURIAN ITEN	A 18 PART 1 OR PART 2)
ottendir otter this os the bu th ond M orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE, FAR	RM, ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI ospital or SCTOR: A d for use t. of Heal m 21 is m		sow the deceased alive an above, (I) (we) (did) (did no	tol) attended the deceased from 19		deoth occurred on the date and	
by the ho by the ho ERAL DIRE e detoche State Dep		226. SIGNATURE 22d. PHYSICIAN'S NAME (Type o	W. Lines	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	June 26, 1985
TO HOSPITAL retained by to to FUNERAL should be det with the State important:		CHARLES V	V. KINZER MD.		E, ANNAPOLIS	MARYLAND Z144
BP	2	URIAL, CREMATION, REMOVAL	6-28-85 DU	PLANT OF FIELDS	23d. LOCATION CITY OF TOWN MINITERS UNITE	A.A. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	7	HARdes +4	ANNEROLS M	1d 21401 JUN	E REC'D, BY REGISTRAR 356, REG	Davidson-Rondoll



Glen Burnie, Md.

Raymond C. Fink

(VRA 15, 4)

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)70	1 -	FOR STATE REGISTRAR	DE		ICATE OF DEATH	REG. NO.	3 / 4
deoth		CEASED NAME PIRST	WIDDLE	BEI	9LL	20. DATE OF DEATH MONTH	-13-85 7:30 A
er deal	3. SE		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
i		emale	White	J	uly 11 1903	81 Y	
83		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED D	Anne Arund	
28	iii Ci	TY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV	VE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR INDUSTRY
5		TATE 136 COU	NTY 13c. CITY C	CE BEFORE ADMISSION)	eral Hosp.	Teacher 13e.STREET ADDRESS / ZIP C	
e e s	IA EA	Md. A	ACo. Ann	apolis	YES NO 🛣	420 Forelan	ds Rd.
1:21	1	FIRST	ones Lyle	AST	Georgia	Rose	Averett
e medica		AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	L SECURITY NO.	17. INFORMANT	ADDRESS	
e me		ES NO OR UNKNOWN) (IF YES, G	220	385314	Clarence	L. Beall Sam	
emovar.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly ane cause per life for the ED BY: ATE CAUSE (a)	Ventr	inlar fail	lure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nen pleose remave carb ta burial, cremation, or r njury, or other traumatic		Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF	sdiomy op	orthy	8 years
permit. Then pleo ne prior to burial, ws ony injury, or or	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION FOR	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION 200 AUTOPSY? 20b. If	GIVEN IN PART 110 FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NO
Mentol Hygie or Ifem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY.		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health		226.1 certify that (I) (the hosp saw the deceased alive a	L / L V	_196	nd that in (my) for apinian	death accurred an the date and	have and from the couses stated
detached tate Dept. NT: If Item		Dela Re	Moun		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 6-14-85
should be detached f with the State Dept. o IMPORTANT: If Item 2			RKOUW		833 Force	et Dr. Anna	bolis 13d 2140/
	23a E	URIAL, CREMATION, REMOVA SPECIFY) Burial	6-15-85		cemetery or crematory ollows Cem.	Davidsonv	ille AACo Md.
6 60M 7/B4		INERAL DIRECTOR Lardesty Fund		Annapol	is, Md. JU	TE REC'D. BY REGISTRAR 256. RE-	GISTRAR'S SIGNATURE LOCAL

BUS BIR BIR HELD STREET

					FMARYLAND	44.	1 12	1 3 00	
78063	1 - :	FOR STATE REGISTRAR			LTH AND MENTAL HY S CERTIFICATE OF	DEATH	G. NO.	, 0, 14	5
ES.	(TYPI	EASED NAME FIRST MARCH		todges	BEAROMOR	20. DATE KNOW OF EST DEATH MAT	ED 0 6	5 19 8 /2	23 PM
LIED WITHIN 72 HOURS	3. SEX	F W	5. DATE OF BIRTH MONTH DAY 09-06-1	2 12 YRS.	FUNDER 1 YR. IF UNDER 24	PRONOUNCED DE AD	6 /	5 19 85 12	23
12 KES	FO	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF WHAT		ARRIED NEVER MARRIED	9. BALTIMORE	OR COUNT		
1	M	ARYLAND TY OR TOWN OF DEATH	UNITED &	STATES WILL	OWED DIVORCED	120. USUAL OCCUPATIO	HRUND N (TYPE OF WORK	EL 12b. KIND OF BUSINES	MD.
4	Gle	EN BUNNE MA	(IF NOT, IN SUCH FACILITY.	ARUNDA	1/2-2 24-	FOR MOST OF WORKING LI	FE)	OR INDUSTRY A.A. Country	
	130. ST MAI	ATE 136 COU	ARUNDEL S	CITY OR TOWN	YES NO	41 BOOKE	TRAIL	21146	
20	114. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	MIDDLE	4	LAST	
4	1160. V	AS DECEASED EVER IN U.S. A	RMED FORCES? 161	HODGES SOCIAL SECURITY NO	INFORMANT	AD	DRES 2 40	MINICO Se	1177
1	(YI	S, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	20-36-9015	DAVID A. J	BEARDMORE	M//	SMUE MD 21	189
-		18 CAUSE OF DEATH (Enter of	anly one couse per line far (o), (b), and (c).)	partitive . This	CHICPINORCE		APPROXIMATE INTERV BETWEEN ONSET AND DI	AL
		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (o) CAT	2010 GEN	16 SHOC	K		BETWEEN ONSET AND D	AIH
MOVAL		INVALED		CONSEQUENCE OF					
OF HEALTH AND MENTAL HYGER JAIAL, CREMATION OF REMOVAL		Conditions, if any, which gave rise to immedia							
		couse (a) stating the underlying cause last.		CONSEQUENCE OF					
			(c)						_
	z	PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PART	1 (0)			
1	CERTIFICATION	NONE	LISE CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED?			20 AUTOPSY?	
200	5		, , ,					YES NO	O'
1	ER	210. EXTERNAL CAUSE WAS	216 TIME OF INJ	URY , 2	HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR		~
9	ALC	UNDERLYING OR	FDEATH P.M.	NTH DAY YEAR	NA.				
	MEDICAL	21d INJURY OCCURRED	N/A 21e PLACE OF IN	JURY (ATHOME, 21	LOCATION	STY COARS		LIPM AV	. 75
	E	WHILE ON NOT WHILE AT WORK	STREET, FACTORY, I	NIA	STREET	CITY OR TOWN	COU	NIT ST.	ATE
	3	22a. I certify that I taak cha	rge of the remains describe	d obave, held an A	utapsy , Inspection	Inquiry .	and in my opi	inian	
			N	ident , Suicide	, Homicide	Undetermined manner			
		n.	auria lina 1	all mo	TITLE (SPECIFY)			1 horton	-
1	4	ACTUAL SIGNATURE	mul was	HE MID	M.D. alpuly	MEDICAL EXAMINER	SIGNED	6/15/89	
1		EXAMINER'S NAME TH	MAN 11 111	MCH MA	2691	Peninsula,	THEN	1 Rd.	
		(TYPE OR PRINT) ///C	MARS PINO	ניוא מצוף	ADDRESS_#121	VOLD IN	4. 2	10/2	_
	23a.Bl	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETE		23d LOCATION CITY OR TOWN	D COUN		
	74 FI	CREMATION JNERAL DIRECTOR	JUNE 18, 1985		CREMATORY 1250. DATE RE	WESTVIEW C'D. BY REGISTRAR 251	BACTIN REGISTRAR'S SI	LORE MP	-
7 (5))	R	NAME	ADDRE 50	RITCHIE !	TWY JUN 4	8 1095	Kaida	Pande 92	
,	W/AD	hrraneo l'uner	IL HOME SE	MEKNIT TAKK	,/NU -	GIM.	TO WILL STORY		=
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HOSPITAL **FUNERAL**

(VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	OF MARYI EALTH AND ICATE OF	MENTAL HYG	IENE &	S REG. N	10.	5	7	4	EDL
		CEASED NAME	FIRST	٨	MIDDLE	t	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	26. HOU	IR
	(1176	OR PRINT)	ROSE	<u>I</u>	1.	BE	TCH		JJ	NE	10,	198	5	736	PM
	3. SEX	· -		4 RACE		5. DATE C			6. AGE (II	YEARS LAST BI	RTHDAY)	IF UND	DER TYEAR	IF UNDER	4
		Female		Whi	te	May	11.	1918	l	67	YRS		DATS	HOURS	MIN.
1		RTHPLACE (STATE O	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	X NOVED	MARRIED -	9. BALTIM	ORE CITY	OR COUN	TY OF D	EATH		
מ		Manuel	and	United	States	WIDOWE		NORCED	A	NNE AI	UNDE	LCO	UNI	Y	MD.
57	10 CI	TY OR TOWN OF DI	EATH		OSPITAL, NUR		R OTHER IN	STITUTION		L OCCUPAT			KIND C	F BUSINI	ESS OR
4	(GLEN BURN	IE	NORTH	ARU NDEI		TAL			ok .	OF WORKING	F	ood	Serv	ices
5	13g S	AL RESIDENCE (IF NU TATE ryland	13b COUN		GIVE RESIDENCE BEF	NWC	13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS	/ ZIP CO	DE	,	21122	1
10	14. FA	THER'S NAME William		MIDDLE Ga	llion LAST	i		FIRST Mant	ha.	WIDDLE		End	len	51	
1	16a. W	VAS DECEASED EVE		MED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORM	ANT		ADDR				,	
/	M	VAS DECEASED EVE (ES NO OR UNKNOWN)	(# 123, OK		217-16-	-7505A	Josep	h J.Bet	ch /	4506 9	Ritch	ie H	ghy	/21	225
		PART I. DEATH	WAS CAUSE		Reyn	onder	pri	levie					APPROX BETWEEN	MATE INTER	RVAL DEATH
				DUE TO, OF	AS A CONSEC	QUENCE OF	- 0	and I	11. 4	1/2.	7		n	211	50
	- 1	Conditions, if on gove rise to in		(b)	Sop	w	- 00	m /1	uno	week		-	All	00	>
		cause (a), stat underlying cau	ting the	DUE TO, OF	R AS A CONSEC	QUENCE OF	Cag	1 Jola	ent			2	4-5	yes	2
	Z 0	PART 2 OTHER SK	GNIFICANT (CONDITIONS <u>CC</u>	ntributing t	O DEATH BUT	NOT RELATE	D TO THE TERM	MAL DISE	ASE OR COM	DITION	IVEN IN	PART 1	o	
1	CERTIFICATION	190 DATE OF OPER	RATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AU YES □	TOPSY?	IN CER			NGS USE	TH?
5	CERT	210 ACCIDENT WAS U	_	216 TIME O		DAY VEAD	21c HOW I	NJURY OCCUR					RPART 2)		
1	¥.	OR CONTRIBUTING	-	VIM	M. MONTH M.	DAY YEAR									
	MEDIC,	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY EET, FACTORY OFFIC	(E FARM, ETC.)	211 LOCAT			CITY OR T	OWN	C	YINUC	5	STATE

that in (my) (pur) opinion death occurred on the date and how and from the couses stated

27h SIGNATURE

22a I certify that (I) (this hospital) attended the deceased from

22e ADDRESS

ATTENDING

MEDICAL STAFF
DIRECTOR | PHYSICIAN | HOSPITAL DRIVE, SUITE 134

SERGIO V. ALVAREZ, M.D.

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

BURNIE, MARYLAND 21061

23b. DATE 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

July Funeral Home/ Pasadena, Md. 21122

130 LOCATION

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24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

MPORTANT: If them 21 is morked or Item

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sow the deceased alive or

obove, (I) (we) (did) (did

22c. DATE SIGNED

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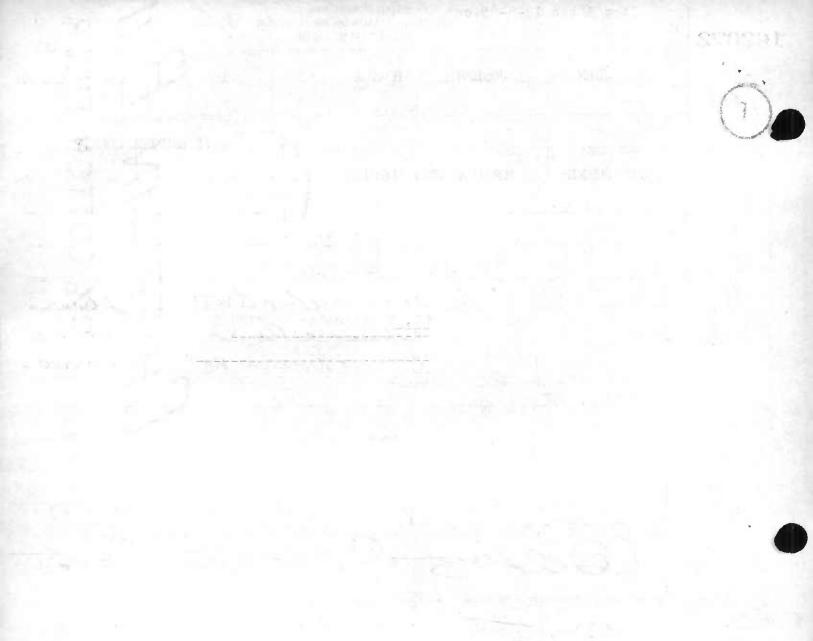
	FOR - STATE REGISTRAR	perger	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.			
	CEASED NAME FRIIT		MIDDLE	-	AST		YAG HTMC	YEAR 85	26 HOUR
1200	Ag	nes		В	ittner	6	3		TTIAOL
1.58	×	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHE	MON	INDER I YEAR	HOURS MIN
	Female		ite	1	21 1898	87	YRS	150	
	IRTHPLACE: 125/12 ON FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR			
	aryland		.S.A.	WIDOWE			Arunde		MD
	Baltimore		HOSPITAL, NURSIN CHEACILITY, GIVE STREET URCh Stre		dr other institution	Self-Employ	ORLING LIFE)		ery Stor
30.	JAL RESIDENCE (IF NURSING HOME STATE 13b. CO		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor		13d. INSIDE CITY LIMITS? YES NO K	709 Church	Stree	et 2	1225
4.F	ATHER'S NAME	# IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	
	Joseph	DOLL	Babur	rek	Anna	WIDDLE		Hemme	
dit. N	WAS DECEASED EVER IN U.S. A	RMED FORCES?	216-32-6		Stanley T. B	ittner 710 C	IVIQ 2	21225 Stree	t Balto
	Canditions, if any, which gave rise to immediate	((b)_	OR AS ACONSEOUR	ind	no ga	le Blithe	7	/	geny
RTIFICATION	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION	CONDITIONS COND	AND DITION FOR WHICH	DEATH BUT	Was PERFORMED	20a AUTOPSY? YES NO	Ob. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	
L CERTIFICATION	PART 2. OTHER SIGNIFICAN	T CONDITIONS COME	ONTRIBUTING TO	DEATH BUT	Distance	20a AUTOPSY? YES NO	Ob. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	NGS USED OF DEATH?
_	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMITED) 21d. INJURY OCCURRED	T CONDITIONS CONDITION	ONTRIBUTING TO	OPERATIO AY YEAR 19	Was PERFORMED	20a AUTOPSY? YES NO	POB. IF YES, WIN CERTIFYIN YES [IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH?
CAL	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	ISONDITIONS CONDITIONS	ONTRIBUTING TO I	OPERATIO AY YEAR 19 FARM ETC.)	VISLANCE IN WAS PERFORMED 216. HOW INJURY OCCUR!	200 AUTOPSY? YES NO PROPERTY OF INJURY I	POD. IF YES, WIN CERTIFYIN YES [/ERE FINDING CAUSES I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
CAL	PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (the horse of the contribution of the con	ISONDITIONS CONDITIONS	ONTRIBUTING TO I	OPERATIO AY YEAR 19 FARM ETC.)	216. HOW INJURY OCCUR! 21f LOCATION STREET 19 50 and that in (my) (afr) apinion	200 AUTOPSY? YES NO PROPERTY OF INJURY I	POB. IF YES, W N CERTIFYIN YES [IN ITEM 18 PART	COUNTY	NGS USED OF DEATH? NO STATE those (we) last causes stated SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

4. RACE 15. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 26 HOUR
4. RACE S. DATE OF BIRTH 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH	J/ 170J N
WHILE STATEOR TO CITIZEN OF WHAT COUNTRY?	6/ 1985 A M
MARRIED NEVER MARRIED Anne Arundel C	OUNTY, MD
(IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) Anna olis Anne Arundel General Hospital N NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE AFFORE ADMISSION)	20764
MANE HOURSE SHEET NO I MAPLE NO.	LAST /
AS DECEASED EVER IN U.S. ARMED FORCES? 5, NO MUNICIPAL SECURITY NO. 17 INFORMANT 166 SOCIAL SECURITY NO. 17 INFORMANT 166 SOCIAL SECURITY NO. 17 INFORMANT 167 SEAR CONTROL OF THE PROPERTY OF THE PROPERT	5 # 13
Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
UNDERLYING TO R HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 6:30 M. 6/6/ 19 85 subject ingested drugs	2)
3.7	
A PART A	ITY OR TOWN OF DEATH

ST SHEET

೮೬ ೨		CEASED NAME FIRST		IDDLE		st	20 DATE OF DEATH	NO.	DAY YEAR	26 HOUR
88		JOHN		EPH	BORS		JUNE		4, 1985	633
DI	3. SE		4. RACE		S. DATE O	DAY YEAR	6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS M
FLW	2 0	MALE	WHITE			.8,1917	68	YRS		
		RTHPLACE (STATE OR FOREIGN COUNTRY) OHIO	76 CITIZEN OF W	Α.	WIDOWE				Y OF DEATH DEL. COUN	I'Y.
13 14	10 C	GLEN BURNIE	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET H ARUNDE	(ADDRESS)	OTHER INSTITUTION	126 USUAL OCCUP (TYPE OF WORK FOR MO Dept. of	ATION STOF WORKING LI	12b. KIND OF	BUSINESS
36	USU. 13a. S M I	AL RESIDENCE (IF NURSING HOLL)	INTER INSTITUTION, G	TIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP COD	E	
44 277	_	THER'S NAME		LINTHIC	JUM	YES NO X	105 PATR	ICIA AV	E. 2109	90
100		OSEPH PIRST	WIDDLE	BORSUK		CATHERINE	MIDDL		CZAI	
P 600 1			IVE WAR OR DATEST	16b. SOCIAL SECU			MILE)	DRESS	3	
- Fac		YES WWI	I	163.10.4	4530	MRS. PATRICI	A BORSUK	SAME AS		ATE INTERVAL
not. The please by the procession of the process	CERTIFICATION	PART 2 OTHER SIGNIFICANT CMA CH	F	Z-0.7		NOT RELATED TO THE TER	MINAL DISEASE OR CO	70% IF YE	VEN IN PART Ha	
2 4 4 7	TIFIC		M. F.L.				YES - NOT		FYING CAUSES (NO []
1 1 2 2	A.	216. ACCIDENT WAS UNDERTYING ON CONTRINUTING	HOUR A.M	MONTH D	AY YEAR	THE HOW INJURY OCCU	RRED JENTER HATCHE OF	NUMBER OF STREET	FART I DEFART 21	
117 EU/ A	MEDIC	214 INJURY OCCURRED	21e PLACE O	F INJURY	ALTERNATION AND ADDRESS OF THE PARTY OF THE	TH LOCATION	90000	riben	COUNTY	STATE
Burial Burial I Mento or Nem	2	all section C section C	EAT HOME STREET	ET TACTORS OFFICE	FARM, ETC.)	CHES	Emo	/	COMMIT	STATI
s the burial and Mental		That cortify the (i) this hose	ottended the	decrosed from	6/4	that in (my) (our) doinio	to 6/	date and has	19 SC 0	not (I (II)
OS. After the cert or use or the burdan of thealth and Mento 1 is marked or them		saw the deceased office of	- 6/ Y	0-6						
RECTOR: After this cert had for use as the bursal capt of feelth and Mento tem 21 is marked or them			of yell the body o	ther death.	5	WORK!	100		774. DATE S	KINED
RAL DIRECTOR. After the cert elettochied for use as the burioul state Dept of Health and Mento MT. If hem 21 is marked or them		saw to decrease allow a above (1) wer (did still a life to 17% SIGN TON	of Souther body of	ther death.	d	ATTENDING PHYSICIAN	DIRECTOR PHY	TAFF SICIAN []	THE DATE S	IGNED
TO FUNERAL DIRECTOR: After the cert- shauld be detected for use or the burial with the State Days of Health and Mento MAPORTANT If Nem 21 is marked or Nem		saw the deceased affice a above 11 (we) did this his	De for	ther death.	B	ATTENDING	DIRECTOR PHY	TAFF SICIAN []	THE DATES	IGNED .



175047	L	FOR STATE REGISTRAR Carolin	DEPAR e Bortner	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	15/45
may be page 3 fer death		CARO	LINE S.	BORTNER 15. DATE OF BIRTH	OG- 12	
dundo		FEMALE ISTATERON DREIGN	76 CITIZEN DE WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	YRS.
e tuneral	10. C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
the transfer of		AL RESIDENCE (# NURSING HORE OF		GREADMISSION)	TYPE OF WORK FOR MOST OF	7u 21620
* P		ATHER'S NAME	t CAES	YES NOXEX PETOWN 15. MOTHER'S MAIDEN N		184A
pund grand	140.3	Roger Swain			ret Bradle	
70		YES, NO OR UNKNOWN) (IF YES, GIV				stertown, Md.
		PART I. DEATH WAS CAUSE	nly one couse per line for (a A (b). ID BY: TE CAUSE (a)	etastatic Adv	mo Ca B	May BETWEEN ONSET AND DEATH
e death ce e attending mave carbi nation, ar r troumatic		Canditians, if any, which	DUE TO, ORAS A CONSECUTION	CHOL	ANGITY	
that the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	CERATIVE	COLITIS	
requires en signed Then pl ar to buri	NOIL	H M-	CV	O DEATH BUT NOT RELATED TO THE TER		
icion. te hos be sist permit	CERTIFICATION	190 date of operation	2 270	CH OPERATION WAS PERFORMED)	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: The good physicide certificate rial-transit gettal Hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART 2)
ottending the this ps the bud M band M porked of priked of the bud M priked of the bud	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	ZII LOCATION STREET	CITY OR TOW	N COUNTY STATE
R ATTENDI hospital or RECTOR: A ned for use spt. of Heali tem 21 is mo			tal) attended the deseased from 19	1 10	n death accurred on the dat	e and have and from the causes stated
the the the proches be		Mill J.	Da Penta	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI	an Day Signed
TO HOSPITAL retained by th TO FUNERAL should be det with the State [MrORTANT:		MICH ABL	J. Later	574 Mb 703 (SIDDINGS	AVE ANNAPOUSH
BP	23 a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	ngton, Del. STATE
DHMH - 16 60M 7/84	24	UNERAL DIRECTOR) 000 Chast		ATE REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE

9-12-204 - IL 100 IC NIY THE STATE OF STAT Taken the street of the street of the state of the state

. Pol (Ent. 25 date)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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9	- Contract	
5	-	
,	-	

GLEN BURNTE MARYLAND 21061
CREMATORY 234 LOCATION CONTROL CONT

Clearspring

REGISTRAR				REG. N	0.		EDI.
DECEASED NAME FIRST	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
ELLA	Louise	BOYD		JUNE	05	. 1985	0423 AF
. SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER LYEAR	HOURS MIN.
Temale	White	Mar		87	YRS.	WINS DATS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY C		F DEATH	1
Marvland	TT C A	MARRIE		ANNE	ARUNDE	L COUN	JTY MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C		120 USUAL OCCUPAT	ION	126 KIND O	OF BUSINESS OR
GLEN BURNTE	NOR TH ARTIND		PITAL	(TYPE OF WORK FOR MOST C		INDUSTRY	
SUAL RESIDENCE (IF NURSING ADMS OF 131 COUN			PLIAL	Retire	1	Hor	ne
Maryland XXX			131 INSIDE CITY LIMITS?	130 STREET ADDRESS	zip CODE	Dr	1146
FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM				
Martin	Boward		FIRST	MIDDLE	K	reps	,T
WAS DECEASED EVER IN U.S. AR		JRITY NO	17 INFORMANT	ADDRE			
(YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)		Mr. Joseph	Borrd Ser	verna	Park	Md.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c)				-		
	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN	IN PART 110	ō
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
OR COLUMNIC CLUST OF THE		AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	al) attended the deceased fram_			, to	. 19		that (I) (we) last
sow the deceased glive on above JATON (did no) view the body alter-death	, an	nd that in (my) (aur) apinian d	eath accurred an the de	ate and haur a	nd from the	causes stated
72h SIGNATURE	-6 N	hus	ATTENDING PHYSICIAN	MEDICAL STAN		22c. DATE	4- 10
724 PHYSICIAN'S NAME (THE O	resent.		22e ADDRESS	845 OAKWOOD	ROAD		2.3

731. NAME OF CEMETERY OR CREMATORY

H111

Røse

Clearspring Md.

DHMH - 16 60M 7/B4

(VRA 15, 4)

marked or Item 18 shows any

MPORTANT

23s BURIAL CREMATION, REMOVAL

Burial

Thompson

73h DATE

June

uneral

Value de maria de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya del la companya de la companya de la companya de la companya del l

M2000	It	ems 18-	-22a 7/24			MENT OF H	EALTH		ENTAL HY	9			5 /	14	1
72002		REGISTRAR	E FIRST	WEI	MIDDLE	EXAMINE		ERTIFIC	CATE OF		ATE KNO	REG. NO.	MONTH	DAY YEAR	Izb. HOUR
		OR PRINT)									OF EST	11-			Za. HOUK
HOURS STREET	3. SEX		Charle	S. DATE OF BIRTH	н.	6. AGE (IN YEAR		exton	IF UNDER 2		DATE		6 .	16 1985 DAY YEAR	M 2d HOUR
N STE	ma		black	5 30.	38	47 YRS) MONTH			MIN PRON	NOUNCED DEAD		6	16 1985	11:06
DC		RTHPLACE (S		76. CITIZEN OF WE		1111		:D	VER MARRIEI	X 9. BA	LTIMORE	CITY OR C		OF DEATH	T M
NITH NAMED IN THE PARTY OF THE	M	aryla:	n d	U.S.	Α.		WIDOW		DIVORCED	A	nne 1	Arund	el C	ounty,	MD.
27	-	t. Mea	_	11. NAME OF HOS (IE NOT IN SUCH FA Kimbrouc	CILITY, GIVE S	STREET ADDRESS)		R INSTITU	TION		CCUPATION OF WORKING L		WORK 17	OR INDUS	BUSINESS
35		residence rylan		R OTHER INSTITUTION, GI	13c. CITY B a	EBEFORE ADMISSION YOR TOWN 11 timo1	re	13d. INSIDE CI	NO [3e STREET A 2 5 1 6	DDRESS Har	ford	l Ro	ad 21	218
30	2	THER'S NAME Garfi	e1d			lring		E1e	er's maiden erst anora			raxto	n	Hugh	es
38	16s. W	AS DECEASE S, NO, OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY	NO.	17 INFORA				DDRESS			_
S Z	14			y one cause per line				Fle	anora	Hugh	es 2	2516	Har		Road
WARDED TO THE CHIEF MEDICAL EXAMINER ALON PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMISTATE DEPARTMENT OF HEALTH AND MENTAL HYGEN 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		gove ri couse (o lying cou	ns, if any, which se to immediate) stating the <u>under-</u> use last.	(b)	AS A COM	NSEQUENCE O	F	OR CONDITION	'N GIYEN ÎN PART	lia.		1			
EALTI-	TION	IA- DATE OF	OPERATION	TIAL CONDI	ION FOR	WHICH OPERA	TIONING	A C DEBEOR	PAAED2					20 AUTOPS	W2
Z AL	FICA	174. DAIL OI	OFERATION	170. CONDI	IION FOR	WHICH OFERA	(IIOI4 W)	43 FERFOR	(MLD)					YES X	
	CAL CERTIFICATION	UNDERLYING CONTRIBUTI	NG CAUSE OF L	DEATH P.M	. MONTH	DAY YEAR			OCCURRED	ENTER NATURE	OF INJURY IN	N ITEM 18 PART	T 1 OR PART		NOL
21201 PR	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE (21f. LOC	TREET		CITY	OR TOWN		COUN	ITY	STATE
AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201		22s. I certi death result ACTUAL SIGNATURE		e of the remoins des	Accident		Autops	Homic TITLE (S	Inspection cide , , , , , , , , , , , , , , , , , , ,	Undetermin			DATE SIGNED	6/17	7/85
A NOTE !	and the same of	EXAMINER'S	NAME Anr	M. Dixon	n, M.	D	/	ADDRESS_	111 Pe	nn St.	Ba	lto.M	D.		
	23a. B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE 6/22/85		NAME OF CEM altimo				23d LOCATI	MN	e.	COUNT		STATE d.
DHMH - 17		NERAL DIREC		ADDRESS					25a. DATE RE		ISTRAR 25	Sb. REGISTE			
0.00 0.00 0.00 0.000	W Y . Y	O M.	amah E/I	T - 1	1 0 1	T2 3.7	. 1 A		1111		4 4 4	Carlo Charles	MILHORA	Mand	A 000

MAR LANT

FOR			DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE 5	5 /	4 0
8 1- STATI	TRAR	MEI	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH	G. NO.	7%
1. DECEAS			MIDDLE	LAST	20. DATE KNOW		YEAR 26 HOUR
(TYPE OR PR	Shirl	ev	Jane	Brennan	OF ESTI- DEATH MATE		19 85 M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEAR	IF UNDER 1 YR. IF UND	ER 24 HRS. 2c DATE	MONTH DAY	YEAR 24 HOUR
Fema	e White	Mar. 19	1937 48YRS		MIN PRONOUNCED DEAD	6/ 9/	19 85 P M
7a BIRTHP	ACE (STATE OR	76. CITIZEN OF WH	IAT COUNTRY? 8	MARRIED X NEVER MAI	9 BALTIMORE CI	TY OR COUNTY OF	
FOREIGN	rolina	U.S.A.	8.9	WIDOWED DIVO		undel Cour	ntv wa
18. CITY OF	TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,		12a USUAL OCCUPATION	TYPE OF WORK 17h KI	IND OF BUSINESS
2	nnapolis		Chity, Give street address)	General Hosp	. Homemaker	Owr	n Home
USUAL RES	DENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSION				
MD.	13b. COUN A. A		Pasadena	YES NO I	x 130 STREET ADDRESS 844 Mary 1	and Ave.	21122
	SNAME		Ti daddella	15 MOTHER'S MAI	DEN NAME		
	ST	McRay	Barber	Blanche	F.	Fer	re11
160. WAS D	ECEASED EVER IN U.S. AR.	MED FORCES?	16b SOCIAL SECURITY			RESS	
		WAR OR DATES)	321-30-4519		dge same as 1	13	
n				leresa E	uye salle as l		APPROXIMATE INTERVAL
10	AUSE OF DEATH (Enter on ART I DEATH WAS CAUSE	D RY.			ive Cardiovasc	BETV	WEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate	(b)					
	cause (a) stating the <u>under</u> - ying cause last.	1	AS A CONSEQUENCE OF				
	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OEAIN I	UT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN	PART 1 (d)		
19a.	DATE OF OPERATION	101 COMPLET	ION FOR WHICH OPERA				
Ž I	ATE OF OPERATION	198. CONDII	ION FOR WHICH OPERA	HON WAS PERFORMED?			AUTOPSY?
216	XTERNAL CAUSE WAS	21b. TIME OF	INITIDY	In How by the			YES NO X
UND	ERLYING OR	HOUR A.M	MONTH DAY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
S CON	TRIBUTING CAUSE OF		19	211 LOCATION		IFIE?	
WHI	E NOT WHILE E		OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATV	ORK NOT WHILE	_					
2	0. I certify that I taak charg	ge af the remains desc	ribed abave, held an	Autapsy . Inspect	ion XX. Inquiry	and in my apinian	
dec	th resulted fram: Natu	ral cguses XX	Accident , Suici	de , Hamicide	Undetermined manner		
		MAS		TITLE (SPECIFY)			
ACT	ATURE	10		M.D. Assista	nt_MEDICAL EXAMINER	DATE SIGNED	6/10/85
EYA	INER'S NAME						
	OR PRINT) Grec	jory R. Ka	uffman, M.D.	ADDRESS	111 Penn St		
23a. BURIAL	CREMATION, REMOVAL 2			TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
Cre	nation	12 June 8	Security		Catonsville	e Balto.	MD.
24 FUNER	L DIRECTOR	ADDRESS		25e. DAT		REGISTRAR'S SIGNAT	URE
.lamo	s S Kirkley	Glen Ruy	nie MD	[.111N	1 1 1085 Suite	n want grow-No	nacion

STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE

1. DECEASED NAME TYPE OR PRINT

1. SEX

23a.

medical

ather traumatic event, the

REGISTRAR

MALE

DAVID -

4. RACE

STATE OF MARYLAND

LAST

5 DATE OF BIRTH

APRIL

BRIERLEY

MIDDLE

EVAN

WHITE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

3

23

REG. NO

JUNE

26 HOUR

1644

HOUR5

IF UNDER 24 HRS

85

IF UNDER 1 YEAR

2a DATE OF DEATH

2

6 AGE (IN YEARS LAST BIRTHDAY)

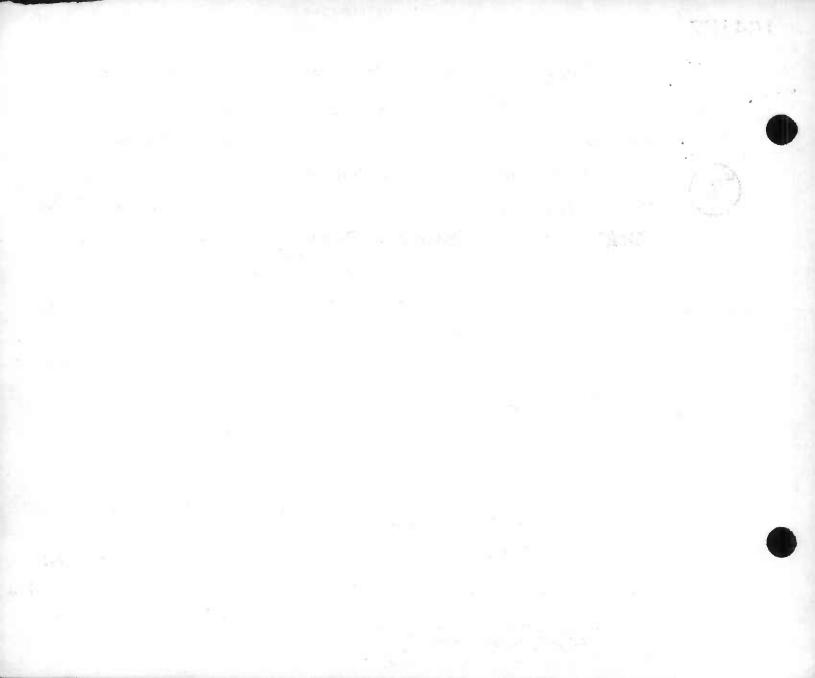
	RTHPLACE STATE OR FOREIGN	7b. CITIZEN OF W		AARRIED		9. BALTIMORE CITY C	OR COUNTY O	FDEATH	
1	MARYLAND	U.S.A.	W	IDOWE	D DIVORCED	Ame	Aruna	el.	MD.
Iu. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING H	OME O	R OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF INDUSTRY	BUSINESS OR
G	LEN BYRNIE	Nor	A Arad	el	Happihl.	NONE	JE WORKING (IFE)	N/A	
	AL RESIDENCE 1 IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADM 13C. CITY OR TOWN	. 1	13d INSIDE CITY LIMITS?	130.STREET ADDRESS		20/2	106/
14. FA	ATHER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN NAM	MIDDLE .		LAST	
		AN	BRIERLEY,J		SUSAN	IRENE	- 6	HEPWOR	TH
	VAS DECEASED EVER IN U.S. AF		166. SOCIAL SECURITY	NO.	17 INFORMANT (MOTHE	ER) ADDR	ESS		
,	YES, NO OR UNKNOWN) (IF YES, GT	A	212.76.725)T	SUSAN I. BRIE	ERLEY SAME	AS #1		
	18 CAUSE OF DEATH (Enter of							BETWEEN ON	SET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0)	CARDIO-F	YLI	NOWARY AM	REST		1.5	hos.
		DUE TO OR	AS A CONSEQUENCE	F OF					
	Conditions, if ony, which	- ,	Seizure					211	RS
	gave rise to immediate cause (a), stating the)	AS A CONSEQUENCE						
	underlying cause last.				AR OATION			Prom	BIKTH
	PART 2 OTHER SIGNIFICANT					NAI DISEASE OR CON	DITION GIVEN		
Z	cerebool		TIME TO DETE		TO THE TENM	THE DISEASE ON CON-			
ATIC	190 DATE OF OPERATION	-	ION FOR WHICH OPE	RATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	VERE FINDING	SS USED
CERTIFICATION						YES X NOT	IN CERTIFYII	NG CAUSES O	F DEATH?
S.	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INJURY		21c HOW INJURY OCCURRI	- L			
	OR CONTRIBUTING CAUSE OF DE	All		YEAR					
Ž.	(IF EITHER, NOTIFY MEDICAL EXAMINE			19	21f. LOCATION				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE O (AT HOME, STREE	ET, FACTORY, OFFICE FARM,	ETC)	STREET	CITY OF TO	NWN	COUNTY	STATE
	AT WORK AT WORK								
	22a.1 certify that (1) (this hosp	11 . 20	deceased from	1-	2 19 7 Y		. 19		ot (I) (we) lost
	saw the deceased alive or above, (1) (we) (did) (did no		ifter death.	, one	d that in (my) (aur) apinion d	eoth occurred on the d	ate and hour a	nd from the co	uses stated
	226. SIGNATURE	0011		C	DEGREE			22c. DATE SI	GNED
	Mr.	1000	NO		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN 🔲	6/7	185
	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS			-	
	MARK L.	BATSAH	2		John F KEN	NEDY IN	W1. 7	107 N.	MOARIN
	BURIAL, CREMATION, REMOVAL	73b. DATE	23c NAM	E OF CE	METERY OR CREMATORY	23d. LOCATION	10 RKM	0 47	205 _{STATE}
	BURIAL	JUNE 10	,1985 GLEN	HAY	MEM. PARK	GLEN B	URNIE A	A.A.	MD
200					250 DATE	REC'D. BY REGISTRAR	126 DECISTO	DIE CICALATUI	06
24.51	UNERAL DIRECTOR	Uma	ADDRESS			71 14 Ac 12 M	ZJU. KEGISTKA	K S SIGNATUI	MANUAL S
	INGLETON FUNERA	L HOME G	LEN BURNIE	MD.	11110		ZJB. REGISTRA	W S SIGNATUI	fred to

DHMH - 16 50M 4/83 (VRA 15, 4)

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OR ATTENDING by the hospital

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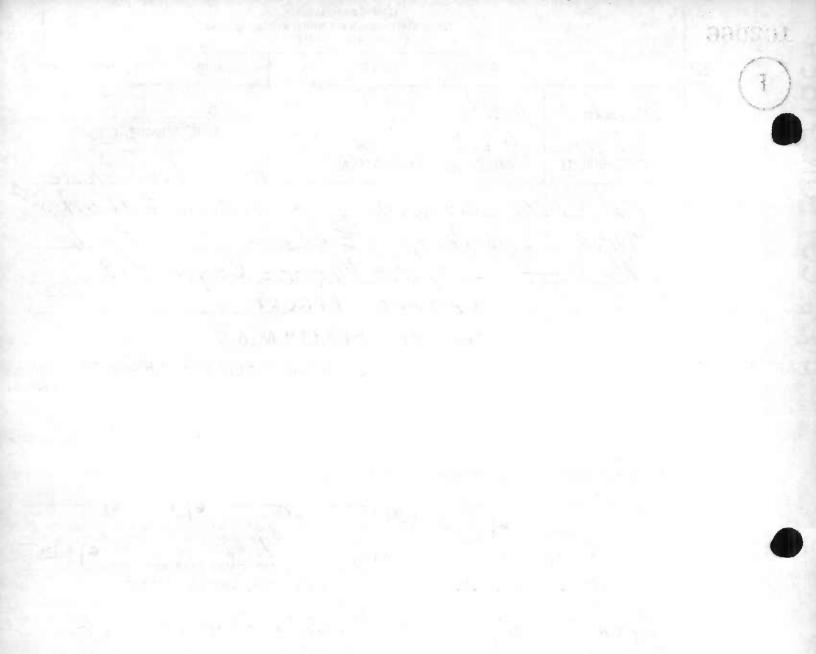
189124	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT		ENE 8 5	0.	5 /	5 0 EDT
		CEASED NAME	FIRST		WIDDLE		LAST		2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
oge 3			MAR'	THA	JANE	BRI	GMAN		JUNE	2	6. 198	5 1000 MAM
of o	3. SE	x		4 RACE		5 DATE (OF BIRTH	(5.40)	6 AGE (IN YEARS LAST BE		MONTHS DATS	
10/	1	FEMALE		WHIT	E	JUI	Y 11,194	44	40	YRS	DATS	NOOKS MIN.
or 57 ho		RTHPLACE (STATE OR F- COUNTRY) FLORIDA	ORE IGN		WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRI	IED 🔛	9 BALTIMORE CITY O		OF DEATH	NTY MD.
34		GLEN BUR	NIE	(IF NOT IN SU NO	RTH ARUND	EL HO	OR OTHER INSTITUTION	ION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAK	DE WORKING LIE		OF BUSINESS OR HOME
(開)影	}a. \$	MD	136 COUNTY A.	11A	136 CITY OR TOW SEVERN	E ADMISSION) 'N	13d INSIDE CITY LIV		13e STREET ADDRESS 814 LUCK			1144
10/20		CHARLES		R.	MOORE		JESSIE		MIDDLE			HENSON
be executor on ond second seco		VAS DECEASED EVER YES NO OR UNKNOWN) NO		E WAR OR DATES)	1000		DALE F.		SBAND) ^{ADDR} IGMAN (S <i>P</i>	ESS AME A:		XIMATE INTERVAL LONS SAND DEATH
Y: The law requires that the death certificativistican cote has been signed by the attending physicans to permit. Then please remove carbon paper Hygiene prior to burial, cremation, or removal 8 shows any injury, or other traumatic event, the please prior to the property of the please prior to the property of the please prior to the please property.	CERTIFICATION	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediote the lost	DUE TO, (b) _ DUE TO, (c) _ DUE TO, (le) _ ONDITIONS (in la	ENCE OF	VALANDON WAS PERFORMED		NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	, WERE FIND YING CAUSE S	
4YSICIAN: The Indiag physicion. is certificate has burial-transit per Mental Hygiene or Item, 18 shows		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A	of Injury A.m. month da P.m.	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART OR PART 2)	
NG PHYSI ottending ther this ce as the buri th and Mer	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	E OF INJURY TREET, FACTORY, OFFICE F		21f LOCATION STREET		CITY OR TO	own	COUNTY	STATE
ATTEND of PECTOR of Pect of Men 21 km		27s I certify that (I) saw the decease above, (I) (we) (d 27s. S) (1) A 1 a 1	d alive on	196	190	P. 2	nd that in (my) (our) DEGREE	opinion de	enth occurred on the d	ote and hou	r and from the	, that (I) (we) lost e couses stated E SIGNED
SPITAL O I by the NERAL D be defait A State D		THE PHYSICIAN'S NA	Me omo	Du	N/h <		ATTEN PHYSI	ICIAN V	MEDICAL STA	CIAN	2,5	1-67
O HOSPITA TO FUNERA should be de should be de with the State MAPORTANT				ERLIHY	M.D.			N RI	25 HOSPITAI RNIE, MARYI	L DRIV		E 208
BP		BURIAL, CREMATION, I		JUNE 1	29,1985 CE	DAR	EMETERY OR CREMA HILL	ATORY	BROOKLY	N	A.A.	STATE M D
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME SINGLETON		Sotte IERAL	HOME GLE	N BU		JUL	rec'd. By registrar U 2 1985		RAR'S SIGNA	

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STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND	- 2
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	ö
CERTIFICATE OF DEATH	

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG	. NO.		1
	CEASED NAME FIRST	Iter !	MIDDLE	6	ROWN	2a. DATE OF DEATH	6-12-8	3 YEAR	1. 55 N
3 SE	×	4. RACE	3	5. DATE C	PERTH YEAR	6 AGE (IN YEARS LAST	BIRTHOAY) IF U	UNDER I YEAR	IF UNDER 24 HRS
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	D XX JEVER MARRIED	9 BALTIMORE CIT	1110	DEATH	
	ABAMA	U.S	.A.	WIDOWE			UNDEL COL	JNTY	M
1	NAPOLIS	(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	L HSOPITAL	12a. USUAL OCCUP (TYPE OF WORK FOR MO		12b. KIND O INDUSTRY	OF BUSINESS OR
	AL RESIDENCE (IF NURSING HOM STATE 13b CC RYLAND A.		GIVE RESIDENCE 13¢ CITY OR ANNAP	DEFORE ADMISSION) TOWN OLIS	13d Inside City Limits Yes	20 Wash	s / ZIP CODE	rive	0/
14 FA	ATHER'S NAME FIRST WLATER	MIDOLE L.	LAS	BROW		MIOOLI	ADKINS	ŁAS	ıŤ
()	NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 1-0477		napolis, Mc 20 Washing			MÄTE INTERVAL ONSET AND DEATH
CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION	DUE TO, OI	Ontributing		NOT RELATED TO THE T	ERMINAL DISEASE OR CO	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	NGS USED
MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFEITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	DEATH HOUR A.	M. MONTH M. OF INJURY	DAY YEAR	211 LOCATION	YES NO	YES [NO _
X	WHILE NOT WHILE AT WORK 220. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE 1	ospital) attended the	e deceosed f	ram, an	19	, to, to	19.		that (I) (we) las
	22d PHYSICIAN'S NAME (TY VICTOR M		Place IER r	n.D.	MID. ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL S DIRECTOR PHY		6	13/15
23a. E	BURIAL, CREMATION, REMOV	AL 23b. DATE		23¢ NAME OF C	EMETERY OR CREMATO			OUNTY	CTATE
	RIAL	6-14-1		HILL CR	EST CEMETER		lis A.	A. Ma	arvland
24 FU	UNERAL DIRECTOR Anna	polis, Md	1. 2140	01.	250	DATE REC'D BY REGISTR	AR 25b. REGISTRAI		URE Handallic
MI	LLIAM REESE &	SONS MOR	TUARY.	P.A.		- 0 130	0	in Entrant Am	· Property

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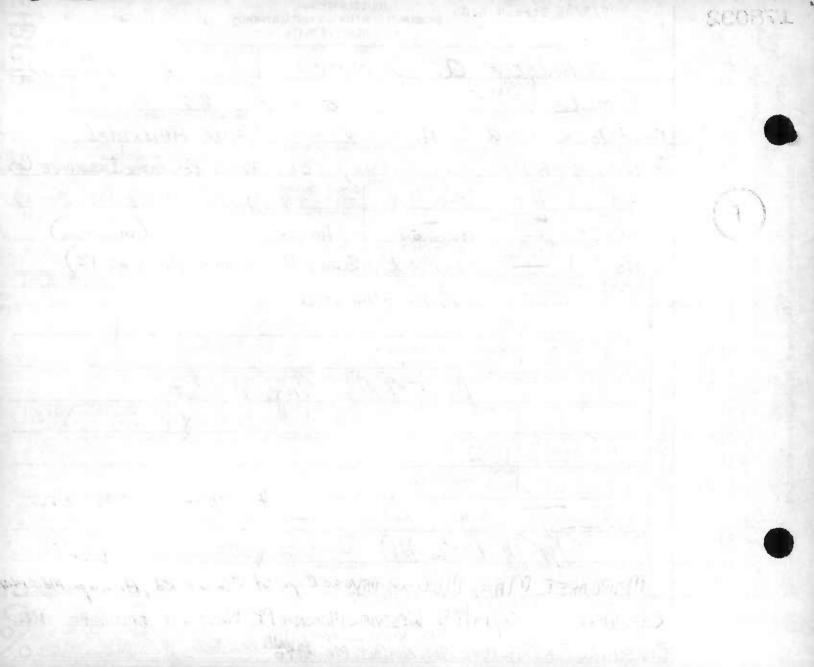
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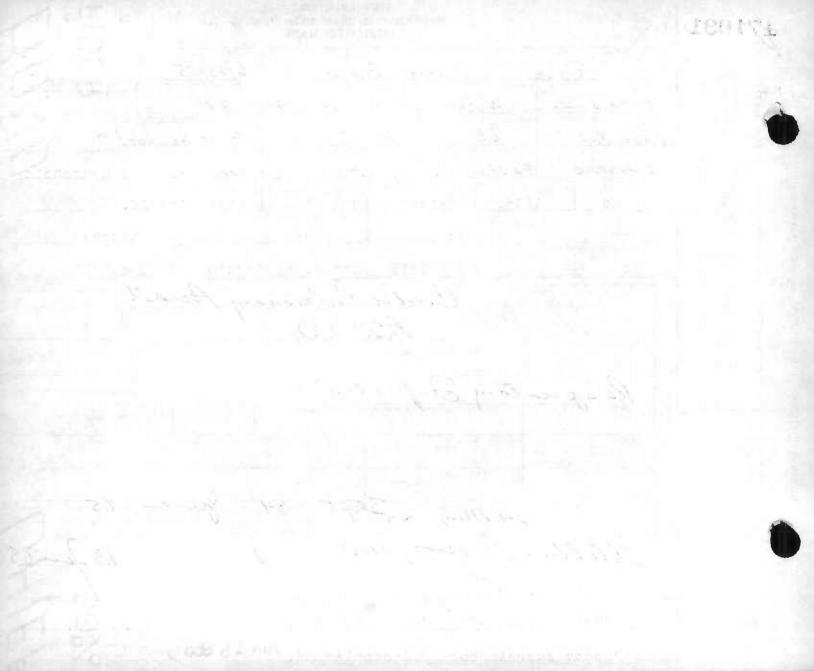
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178092		FOR 7/3/85 Item	m 4 L.J DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENES 5	5 / 5 3
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
noy be poge 3		ORPRINT) Charlos	HP A.	Buchner	20 DATE OF DEATH MONTH	14-85 1:10 M
ge 4 moy ector, pog	3. SE	Female	White	5. DATE OF BIRTH MONTH OAY YEAR 1900	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Po	n	CW LOCK	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NORCED	I HONE HPU	ndel MD.
offer of with a	Se	VEEDA Pack 1	NEPL GIRD	Jursing Ctr.	120 USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING RETURNS LOOK KEEP	11
MARYLAND 2120 MARYLAND 2120 In by I	130. 3	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	A PROPERTY OF TOWN	N 134 MSIDE CITY LIMITS	1210 Hillcres	DE Rd. 21012
		GRASSHOFF	HERMEN	15. MOTHER'S MAIDEN AGNES	WIDDIE	UNKNOWAT)
BALTIMORE cate be executed by skicion and capers. Pages wol.		VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE W.	D FORCES? 166. SOCIAL SECU AR OR DATES) 126-18	1110 - 11	ADDRESS TERMANN (SAME	
ST., BAL ertificate g physici canpaper removol.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C	Y: On Aum	Steen Infact	_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce he attendin motion, ar r troumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
Se reserve		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
se es ,	N O	PART 2: OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO D	MULLIUS VIEW	RMINAL DISEASE OF CONDITION OF	IVEN IN PART TO
VITAL RECOR	CERTIFICATION	19s. DATE OF OPERATION	196 CONDRIGN FOR WHICH	OPERATION WAS PERFORMED	_ M IN CER	YES NO NO
NG PHYSICIAN: The law requirent entering physician. After this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to borked ar Item 18 shows any injury		.21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)
DIVISION ING PHYS After this cas the but Ith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDI ruse Heal		22a.1 certify that (I) (this haspital) sow the deceased alive an above, (I) (we) (did) (did not) v	19 8	, and that in (my) (con) opini	on death accurred on the date and h	our and from the causes stated
Che h		22b. SIGNATURE	m Millis)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
HOSP inned the FUNE FUNE PORTA		MARGARET N	MARY MULLI	NS MIVORO Cape	St. Claire Rd.	Annap., Md. 2140,
P P P ₹ ₹	230.	SURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE / 23c. N	NAME OF CEMETERY OR CREMATOR	PK. WESTVIEW &	ALTIMAPE WED.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME RRANCO FUNER	PALHOME SEVER	RITCHIE HWY. 41	DATE REC'D. BY REGISTRAR 256. REGIST	STRAR'S SIGNATURE



/		FOR Film G605	itom 6		TE OF MARYLAND	0 2	15/54
171091	1 -	STATE REGISTRAR 7/9/8			HEALTH AND MENTAL HY FICATE OF DEATH		
	1. DE	CEASED NAME FIRST	MIDDI		LAST	REG. NO.	TH DAY YEAR 2b. HOUR
		OR PRINT)		1	3,1011	6/13/85	1/35
nay be page 3 er deoth	3. SE		4. RACE	heresa &	OF BIRTH	6 AGE (IN YEARS EAST BIRTHDAY	FUNDER TYEAR IF UNDER 24 HR
ctor.		FEMALE	Whit	MON W	TH DAY YEAR 1895	2 Sept 05	YRS. MONTHS DAYS HOURS MIN
Pog dire		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY 8	ED NEVER MARRIED	BALTIMORE CITY OF CO	
deoth.	11	PASH. D.C.	US	WIDOW			Ndel Co. N
he fune within	10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS O
hours of be filed to the hours of		COWNSYIlle	FAIRFIELD	NURSING C	entee	Housewife	Household
24 hour	USU/ 130. S	AL RESIDENCE LIF NURSING HON TATE 13b. C	NE OR OTHER INSTITUTION, GIVE DUNTY 130	RESIDENCE BEFORE ADMISSION	136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 31140
2		Md	AACo.	AnRivalis	YES NO	3126 Riva	Rd.
mpleter ond 2	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN N	WIDDLE	LAST
5 0	14 1	Max AS DECEASED EVER IN U.S		ECK SOCIAL SECURITY NO	Rosa 17 INFORMANT	ADDRESS	Lempke
n ond co Poges 1		ES, NO OR UNKNOWN) IF YE	S, GIVE WAR OR DATES)				" 4 0
physician of an popers. Poemovol.		NO IS CAUSE OF DEATH (Ente		77403913	Ann S. Har	rington Sa	me as #13
requires that the death ce ien signed by the attendina if Then pleose remove carb orta burlol, cremation, or y injury, ar other troumotic	TION	cause (a), stating the underlying cause lost	NT CONDITIONS CONT	A CONSEQUENCE OF	tro	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 110
The law re- ician. It has been nsit permit. Tigene prior shows any i	CERTIFICATION	19a. DATE OF OPERATION		n for which operation	ON WAS PERFORMED		CERTIFYING CAUSES OF DEATH? YES NO
CIAN: 9 physical entifical intol H) em 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M.	IJURY MONTH DAY YEAR 19		IRRED (ENTER NATURE OF INJURY IN 1	TEM 18 PART I OR PART 2)
DING PHYS or offending After this or or as the bur alth ond Me morked ar It	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF I	NJURY FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A Africa		220.1 certify that (I) (this I	ospital) ottended the de	eceosed from	19 3	4. 10 pue	, 1985_, that (I) (we) lo
ATTENI spital CTOR: for us of He of He		saw the deceased aliv above, (I) (we) (did) (di	d not) view the body ofte	er death.	and that in (my) (our) opinio	n death accurred on the date o	nd hour and from the causes stated
OR ATT OR ATT DIRECTO oched fo Dept. of If Hem 21	37	226. SIGNATURE	. 00	2000 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE STREET
RAI D detoo		Much	m J. 7	7,1	PHYSICIAN		13 Jan 3
HOSPITAL ned by the FUNERAL vid be detected to the State ORTANT:		22d. PHYSICIAN'S NAME I	YPE OR PRINT)		22e. ADDRESS		/
TO HOSPITAL Of TO FUNERAL DISHAULD be deto with the State IMPORTANT: If		William					
	23a. 1	URIAL, CREMATION, REMO			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24 FI	Burial JNERAL DIRECTOR	6-15-8	Cedar	Hill Cem.	Suitland ATE REC'D. BY REGISTRAR 256. I	PG Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	27. 1	NAME		ADDRESS		UN 1 8 1985 a	- White Mindall
(VKM (3, 4)		Hardesty	Fueral Hor	ne Anna	polis Md.	0 200	



172086	1.	FOR STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENO 5	5 / 5 5
oy be ooge 3 deoth	1. DE (TYPE	Dernice	Ferguson	Car/ton Date OF BIRTH	20 DATE OF DEATH MONTH SUNE 6 6. AGE JINYEARS LAST BIRTHDAY	1985 3 3 M
ge 4 m ector, p	J. 5E.	female	white	MONTH DAY YEAR 1/30/90	95 YRS.	MONTHS DAYS HOURS MIN
orh. Po	C	RTHPLACE (STATE OR FOREIGN DUNTRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
ofter dec	70 C	rersburg, Tenn. TY OR TOWN OF DEATH nnapolis	11. NAME OF HOSPITAL, NURSING A (IF NOT IN SUCH FACILITY, GIVE STREET ADD Anne ARundel Gen	NDOWED DIVORCED DIVOR	Anne Arundel 12a USUAL OCCUPATION (TYPE OF WORK FO) MOST OF WORKING I	12b. KIND OF BUSINESS OF
24 hours	ซรีบ	AL RESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD		13e STREET ADDRESS 500 Polling H	20116
ed within	100	THER'S NAME tith	Ferguson	15 MOTHER'S MAIDEN N Laura		Apple
cote be executed griden and componing poper. Poper to vol. 14, the medical ext.	16a V	VAS DECEASED EVER IN U.S. (EES, NO ORUNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SECURIT		Address Same	95:13
not the death certificat by the attending physisse remove corton page), cremation, or removal other froumatic event, is			DUE TO, OR AS CONSEQUENCE	mmia MIA		4 days unknown years
The low requires the con.	CERTIFICATION	PART 2 OTHER SIGNIFICAN	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
NG PHYSICIAN: The low requirented of the control of the certificate has been sign as the buriol-transt permit. There is nond Mental Hygene prior to burked or Item 18 shows any injur	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF ETHER, NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MONTH DAY	YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
TTENDING PI pitol or otter TOR: After it for use as the of Health and 21 is morked		saw the decided live	pital) attended the deceased from	19 19	75 to Sume 16 and the dote and ha	our and from the causes stated
SPITAL OR A L by the hos VERAL DIREC be defoched s Stote Dept.		226 SSSSANDS	lints mi	PEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/16/83
TO HOSPITAL retoined by th TO FUNERAL should be determined with the Stote	720 5	Charles	L 123h DATE 123c NAM	n/) L	othian,	maryland
BP		URIAL, CREMATION, REMOV, PECIFY) Burial	De-3200-2000	t Zion	Lothian Md.	COUNTY STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MARYLAND 21201	TO	5
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Fage 4 stained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and control of the funeral director.

76055	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGIE CATE OF DEATH	NE O S	1 5 7 5	5 6
cuted within 24 hours after death. Page 4 mor the control of the funeral director, page 3 control of the followithin 72 hours after death the state of the followithin 72 hours after death the state of the followithin 72 hours after death the state of the followithin 12 hours after a following the state of the state of the following the state of the s	3 SE 7a. BI 10. C. 113a. S 114 FA	EASED NAME OF PRINT! OR PRINT! NORA FIRST OR PRINT! A F CONTROL OF THE OR FOREIGN TY OR TO WHOF DEATH TO RESERVE OR TO BE THE O	RACE RACE S. DATE OF MONTH CITIZEN OF WHAT COUNTRY? NAME OF HOSPITAL, NURSING HOME OF (HE NOT IN SUGH FACILITY, GIVE STREET ADDRESS) PROPERTY OF TOWN A. CITY OR TOWN C. LAST	BIRTH DAY BIRTH DAY BAY DAY DAY BAY BAY BAY BAY	BALTIMORE CITY OF COMPANY OF COMP	MONTH DAY YEAR 2 G-9-85 HDAY) IF UNDER I YEAR I MONTHS DAYS T YRS R COUNTY OF DEATH ON 12b. KIND OF INDUSTRY ZIP CODE 1 20 COUNTY OF DEATH ON 12b. KIND OF INDUSTRY ZIP CODE 1 20 LASI OUCKING LIFE OUC	101
ires that the death certificate be execting and by the attending physic on an appear. Page burial, cremotion, or removal. ry, or other traumatic event, the meater	(18 CAUSE OF DEATH IEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	AR OR DATES) 216-46-65517 ine cause per line far (a), (b), and (c) Y:	Dorothy ! PLEATURY ! PUCTIVE PULL ASTIMA	Egan-Any Egan-Egan-Any Egan-Egan-Egan Egan-Egan Egan-Egan Egan-Egan Egan-Egan Egan-Egan Egan Egan Egan Egan Egan Egan Egan	E HERONI 15. 10 Y	ELITO I TE INTERVAL SET AND DEATH FOURS
3 PHYSICIAN; The law requiratending physician. Er this certificate has been signified by the burial-transit permit. They and Mental Hygtene prior to keed or Itema, 18 straws, any injury	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, IN JURY OCCURRED	175 196. CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY	I WAS PERFORMED 21c. HOW INJURY OCCURRED		Y IN ITEM 18 PART (OR PART 2)	F DEATH?
TO HOSPITAL OR ATTENDING PHY retained by the hospital or aftend TO FUNERAL DIRECTOR. After this should be detached for use as the b with the State Dept. of Health and A IMPORTANT: If Item 21 is marked at		WHITE AT WORK 220.1 certify the Investment of the decement of the order of the decement of the order of the	attended the deceased from tew the body office death.	street , 19 8 5 H that in(my) aur) opinion de	oth occurred on the do	19 St. the	
BP	6	DUNIAL JINERAL DIRECTOR	Sune 21,1985 Arling Chapel-Annapolis	METERY OR CREMATORY TON 250. DATE JUN	Arlington	Arlington 25b. REGISTRAR SIGNATUR	VA

Hardesty Funeral Home Annapolls, Md.

24 FUNERAL DIRECTOR

DHMH - 16 25M (VR A 15 (4)) 9/74 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

McCully Funeral Home / Pasadena, Md. 21122

Mountain & Tick Neck Rds.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER I YEAR

INDUSTRY

COUNTY

Anne Amindel Co

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

Home

IF LINDER 24 HRS

12b. KIND OF BUSINESS OR

Vonhauselberger

APPROXIMATE INTERVAL

AND ANALISE MANAGEMENT

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riorra	1.	STATE REGISTRAR		DEF 1		IFICATE OF DEATH	n rolling .	REG. NO	•	
	1 DE	CEASED NAME	FIRST	"MIDDLE	oh!	CÁST	20 DATE C		DAY YEAR	26 HOUR
ay be age 3 death	(TYP)	JEFFERS	SON	MONROE	CHA	IRS, SR.	JU	NE 23	- 85	410
may pag	3 SE	x	1	RACE	5 DAT	E OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
ge 4		MALE		WHITE		RCH 9 19	18 8	37 YR	MONTHS DAYS	HOURS MIN.
2 000	70. B	RTHPLACE STATE OR FOR	REIGN 76	CITIZEN OF WHAT COUN	RY? 8	RIED NEVER MARRIED	9 BALTIM	ORE CITY OR COU	NTY OF DEATH	
1 2 30		IARYLAND		U.S.A.		WED DIVORCED		E ARUNDEL	AVA D	M
her d	10. C	ITY OR TOWN OF DEAT	H 11	I. NAME OF HOSPITAL, NU		E OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WORKIN		OF BUSINESS OF
oc led	P.	ASADENA	A.E.	4741 MOUNTA		D		HOUSEMAN	OIL	
no e	USU 13a		IG HOME OR OT	THER INSTITUTION GIVE RESIDENCE		N) 13d INSIDE CITY LIMITS	2 13- STREET	ADDRESS	Δ	
24 E	M		A.A			S NO 🗵		MOUNTAIN	ROAD 2	1122
# (IA / I/)		THER'S NAME	MIC	DDLE I AST		15. MOTHER'S MAIDEN	NAME	WIDDLE	LA	1511
P PECACO		IH, MAILLIW	NKLE	CHA	IRS	MILLICEN		DUNBAR	COOL	ζ
nd co	160 \	VAS DECEASED EVER II YES, NO OR UNKNOWN) NO	(IF YES, GIVE W	AR OR DATES)				ADDRESS		
S. Por		NO	NONE	215.14	.5329	ELVA CHAIR	S	SAME A		2-11-1-
ysicic aper vol.		18 CAUSE OF DEATH	Enter only	ane cause per line far (a), (b	i, and ic	7	4	0	BETWEEN	AIMATE INTERVAL ONSET AND DEATH
a ph anp ewen			MMEDIATE		ha On	mary	Con	Blun		
nding corb				DUE TO, OR AS A COME	QUENCE OF	1 //1		0	0	
dep ove ove fron	155	Canditians, if any,		(b) A+10	1000	Josofa Co	Tunar	1 Upour	502	
the rem emo	17	gave rise to immi cause (a), stoting	the	DUE TO, OR AS A CONSI	QUENCE OF	1 1	()	miles a	0.0
by besse bl, cr		underlying cause	last	(c) C. L	en	C- Nester	y Mar	rom;	Lyce	Carre
gned en ple buric ry, o	-	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CONTRIBUTING	TO DEATH B	UT NOT RELATED TO THE T	ERM HAL DISEA	SE OR CONDITION	GMEN IN PART I	100
The or to	CERTIFICATION						v		2	
bring on	ICA	190 DATE OF OPERATI	ON	19b. CONDITION FOR WI	HICH OPERAT	ION WAS PERFORMED	20a AU1		YES, WERE FIND	
icion.	RTIF						YES 🗌	NOB	YES 🗌	NO 🗌
hys Incorrection Incorrection		71a. ACCIDENT WAS UNDE		216. TIME OF INJURY HOUR A.M. MONTH	DAY YEA	21t. HOW INJURY OCC	CURRED (ENTER N	ATURE OF INJURY IN ITEM	18, PART OR PART 2}	
certification of price of pric	MEDICAL	(IF EITHER, NOTIFY MEDICAL	EXAMINER)	P.M.	1	, i				
this this ie bu	AEDI	21d. INJURY OCCURRE		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	711 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
offer os the horker	~	WHILE NOT WHI				lara	State	1.11.21	105	
R. A use use teal		220.1 certify that (1)	this haspital) attended the deceased fr	200-	17-119	, ta	61101	19	, that (I) we as
CTO CTO I for . of h		saw the deceased abave (1) (we) (di	d)(did nat)	view the body after death.	9	and that in (my) (our) apr	ion death occur	red an the dote and	hour and from the	couses stated
OK A DOINE Ocheo Dept		216 SIGNATURE	0	1 11	2	DEGREE	chan	yhlin	22c DATE	ESIGNED
AL D'AL D'AL D'AL D'AL D'AL D'AL D'AL D'	-	Jerry ?) /	saulely M	1) .72	ATTENDIN PHYSICIAI	G MEDICAL DIRECTO	STAFF PHYSICIAN	6-	23-85
d by		228. MYSICIANTENA	ME (TYPE OR PE	01	,	27e ADDRESS		1 -		Pasado
retained by the TO FUNERAL Is should be deto with the State IMPORTANT: If	18	TORRY	5.	Skartel		13708	Moun	stam.	Road	Md
E wat de	23a. 1	BURIAL, CREMATION, R	EMOVAL	73b. DATE	23c. NAME O	CEMETERY OR CREMATO	RY 23d LOC	ATION	COUNTRY	112
BP	(BURIAL		JUNE 25, 1985	MT. C	ARMEL CH. CEN	1. PAS	ADENA	A.A.	MD.
- 16 60M 1/75	24 F	UNERAL DIRECTOR	X	151/ma	ne	25a.	DATE REC'S BY	REGISTRAR 256. REC	SISTRAR'S SIGNA	TURE de PZ-
(R A 15 (4))		SINGLETON	FUNER	AL HOME GLEN	BURNIE	,MD.21061	JON 7 D	1905	JURINA SSIGNA	Mark-over

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Chanel- Hongophis M

STATE OF MARYLAND

26. HOUR

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Culia Trivideen

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR - STATE

REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

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CREMATION, REMOVAL

RANCE

DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENŮ S	40.	5 ,	1 6	5	
VAN	CLARKE	20 DATE OF DEATH	6-	6-19	YEAR 185	26. HOU	RA M
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY}	IF UNDE	RIVEAR	IF UNDER	24 HRS
2	SEPT 1 1889	95	YRS.	MONTHS.	DAYS	HOURS	M IN.
OUNTRY?	8	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE	ARU	INI	330		MD.
AL, NURSIH	6 HOME OF OTHER INSTITUTION	120. USUAL OCCUPA				F BUSINE	SS OR
3 (R	52K DR.	HOMEM A		IFE) IND	HE	ME	

	AL RESIDENCE (IF NURSING HOMOROTH) ATE 136 COUNTY	PRINSTITUTION, GIVE RESPENCE BEFORE ADMISSION 130 PT YOR TOWN	1 13d INSIDE CITY LIMITS?	3 WEEMS C	REEK DR.
HV)	ATHER'S NAME FIRST MIDE	BRYAN	15. MOTHER'S MAIDEN N	TRET MIDDLE	BEMISS
	WAS DECEASED EVER IN U.S. ARMEE (YES, NOOR UNKNOWN) (IF YES, GIVE WA		D. 17 INFORMANT	MRKS FUESMS	CREEK DR 214
H	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B'	HO. TO 10 19	Midial	as pakure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
100	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	the Dusa	rse	years
TIFICATION	GART 2: OTHER SIGNIF DANT COM	ONTO POR WHICH OPERA	is: huged		VES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NOTE} \) NO \(\text{NOTE} \)
CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YE. P.M. 1		JRRED (ENTER NATURE OF INJURY IN ITEM	IB PART (OR PART 2)
VEDI	THE INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211 LOCATION STREET	CTIY OR TOWN	COUNTY STATE

DEGREE

23c NAME OF CEMETERY

22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4)

23e BURIAL

REGISTRAR 256. REGISTRAR'S SIGNATURE

nd that in (my) (sor) apinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

that (I) (we) tast

22c. DATE SIGN

essentai. ERANGES SHAMM CLANKES - I SECOND 18 1881 (4335 - 1844) - 3140 1 Harley Land Charles Commence of the Harley Commence of the Com HUNDRANS IS WEEKE GEERE BY HENRY EN PRESE PRINE Sum ase Seven MARRACE SERVER Heate leftle miches to see Ruil 23 Commence the Discoule Started with the state of the control of the control of the state THE FIRE FIRE PRODUCTION OF THE PROPERTY OF TH But the first the the first of the state of the state of LAYER FORENCE CARPER FORENCE SELVEL TO THE SECOND STATES

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR						REG. N	0.		
	ECEASED NAME	FIRST	1	WIDDLE		LAST	20 DATE OF DEATH	MONTH [DAY YEAR	26. HOUR
		HELMI	NA) BAR	BARA	CLAUS	SS	June .	18, 1	985	1 PM
3. SE		4.	RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White		Dec	. 3, 1907	77	YRS.	NOINTHS DATS	HOURS MIN.
7a. B	SIRTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	Talle - T
	MARYLAND		U.S	. A.	WIDOWI		Anne Aru	ndel		MI
10 0	ITY OR TOWN OF DEAT	H 1	1. NAME OF I	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND (OF BUSINESS OR
A	nnapolis		Annapo	lis Conva	lesce	ent Center	HOMEMAKER	\$	OWN I	HOME
USU 13a.	STATE	G HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
M	1D	A . A		PASADENA	4		8157 WATER			22
14 F	ATHER'S NAME	AAI	DDLE	TAST		15 MOTHER'S MAIDEN NAM	MIDDLE			C.Y.
G	EORGE PHIL	IP	DUIL	SCHISLE	R	ANNA	WIDDLE		HOFFÑ	IAN
16a '	WAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT (SO	N) ADDR	ESS		
	NO (YES NO OR UNKNOWN)	NONE		219.12.9	9732	MR. GEORGE R.	CLAUSS, Jr	SAME A	S #13	
	18 CAUSE OF DEATH	(Enter only	one couse per	line for (o), (b), one	dicin				APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WA	SCAUSED	BY:	LYMP	1401	MA				
	1	MMEDIATE	CAUSE (o)	1-14	0 1					
			DUE TO, O	R AS A CONSEQUE	NOE OF	504-			100	
	Conditions, if ony,		(b)	00 00	1					
	gove rise to imme couse (o), stoting		DUE TO, OI	R AS A CONSEQUE	NCE OF	•				
	underlying couse	lost	(c)	mu	ino	m c				
	PART 2 OTHER SIGNI	FICANT CC	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
CERTIFICATION										
CAI	190 DATE OF OPERATION	ON	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
TIF							YES NO		S 🔲	NO 🗆
GE	21a. ACCIDENT WAS UNDE	h-and	21b. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART-1 OR PART 2)	
SAL	OR CONTRIBUTING CA		P.,		19					
MEDICAL	21d INJURY OCCURRE	D	21e PLACE			211 LOCATION STREET	CITY OR TO	DIAMA	COUNTY	STATE
2	WHILE NOT WHILE	E 🗍	(AT HOME STR	EET FACTORY OFFICE, F	ARM ETC 1	SINEEL	en orie	,,,,,,	0001417	STATE
	22a.l certify that (1) (1		l) ottended the	deceased from_	19	83		85	19	that (I)-(we) tas
	sow the deceased	olive on_	6/7	0) 19		nd that in (my) (our) opinion d	leath occurred on the d	ote and hou	ond from the	couses stoted
	22b. SIGNATURE	d) (did not)	view that bearing	offer death.		DEGREE			22c DATE	SIGNED
	108)	111	Sett	m &		ATTENDING PHYSICIAN	MEDICAL STA		6/	18/88
	22d. PHYSICIAN'S NAM	AE /TYPE OR E	PRINT)			22e ADDRESS	DIRECTOR PHYSIC	- IAN	0/0	700
	Dr. Stanle			M. D.		51 Franklin	Street. Ann	napoli	s. Md.	
-		Mark Control		-	-			T. C.	-,	
230	BURIAL PRINTERS OF THE BURIAL	EMOVAL	736 DATE	Carl Control of Control		CEMETERY OR CREMATORY	23d LOCATION	STT.	county	MD.
	BUKIAL	1 1	JUNE 2	2,1985 GI	LEN H	AVEN MEM. PARK	GLEN BUR	MIL	A.A.	MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

certificate has been signed by

TO FUNERAL DIRECTOR: After

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

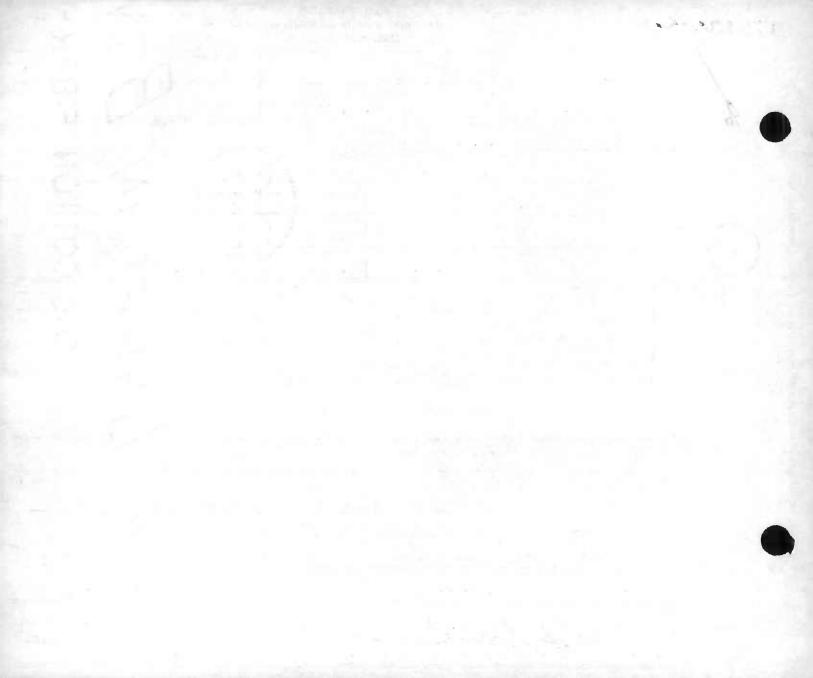
MPORIANT: If Item 21 is morked on Item 18

14. FUNERAL DIRECTOR Singletow Funeral Home, Glen Burnie, Md.

GLEN BURNIE JUNE 22,1985 GLEN HAVEN MEM. PARK JUN 2 0 1985

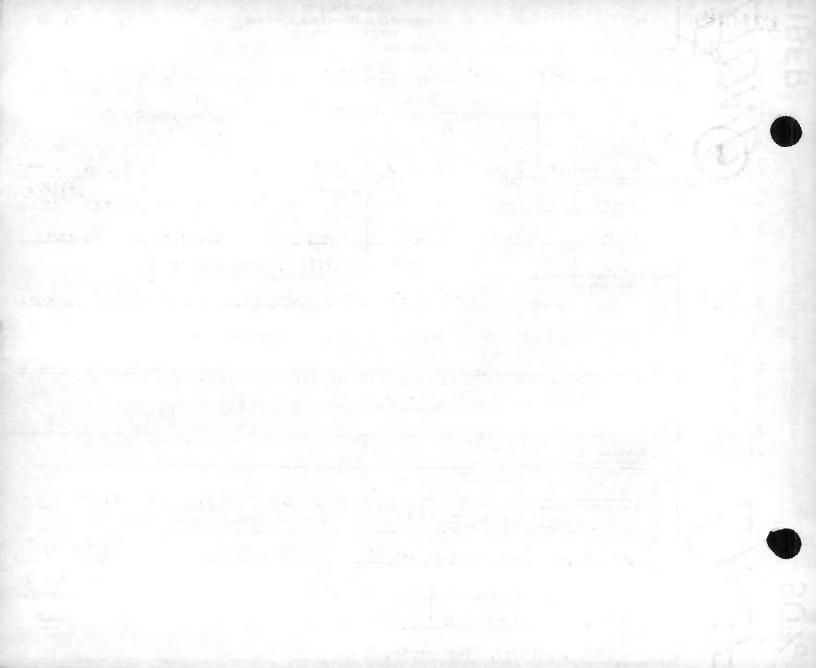
A.A.

MD.



1008	,1 -	FOR - STATE REGISTRAR	D	PARTMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	15/	0 3
ood a grand of the second of t		CEASED NAME FIRST POLICE	MIDDLE	Cool.	20	DATE OF DEATH MO	DAY YEAR	26. HOUR 2 P.
ctor, poi		×	4. RACE	S. DATE OF BIRTH	98 EAR 6 A	GE (IN YEARS LAST BIRTHDA	MONTHS DAYS YRS.	# UNDER 24 HRS
100		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	MARRIED NEVER	MARRIED (9. B.	ALTIMORE CITY OR C	COUNTY OF DEATH	м
	10. C	Then Bumie	11. NAME OF HOSPITAL, UF NOT IN SUCH FACILITY, GI	NURSING HOME OR OTHER INS		USUAL OCCUPATION PE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	of BUSINESS OF
filled or bould be	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	ITY. 13c. CITY	Sadlus YES	NO A	STREET ADDRESS / Z	11 1600	21122/
000000	14. F.		\lfred	Cook Rt	'S MAIDEN NAME FIRST	Virgini	a Ha	ncock
Pages 1		WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI		AL SECURITY NO. 17 INFORM.		ok, Same as		IMATE INTERVAL ONSET AND DEATH
by the offending prose remove corbanist, cremotion, or term rother traumatic extra		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO		mana -	m juju		7
n signed Then pled to burial	NO	PART 2. OTHER SIGNIFICANT C		NG TO DEATH BUT NOT RELATED	D TO THE TERMINAL	DISEASE OR CONDITI	ION GIVEN IN PART 10	0,
nsit permit.	CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATION WAS PERFO			Ob. IF YES, WERE FIND IN CERTIFYING CAUSES YES	
burial-transit Mental Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON	TH DAY YEAR		ENIER NATURE OF INJURY IN	HIEM 18 PART 1 OR PART 2)	
the bu	MEDICAL	214. INJURY OCCURRED WHILE ON THIS OF WHILE OF WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.) 211. LOCATI		CITY OR TOWN	COUNTY	STATE
toched for use Dept. of He Hem 21 is		220.1 certify that (I) (this happen saw the deceased alive on above, (I) (we) (did) (did no	JAPPLE B	DEGREE	ATTENDING M. PHYSICIAN DI	to	22c DATE	1 1
should be det with the State		224 PHYSICIAN'S NAME (1111 B	THE	37087/	Nountim o	Rd. Pasa	adma. Ma	21122
- 5 3 ≥	23a.	BURIAL, CREMATION, REMOVAL SPECIFY Burial	^{23b. DATE} June 16,85	23c. NAME OF CEMETERY OR Magothy Cemet		Pasadena	COUNTY AA ~-	Range
50M 4/83	24 F	UNERAL DIRECTOR		DDRESS	25a. DATE REC	CP. BY REE 1883 R 256	REGISTRAR'S SIGNA	ſUŘE

STATE OF MARYLAND



	FOR	DEPARTMENT OF HE	ALTH AND MENTAL HYGIE	NE . I S	164
000	· STATE REGISTRAR		R'S CERTIFICATE OF DE		
3. SE	ECEASED NAME FIRST (PE OR PRINT)	MIDDLE	LAST	28 DATE KNOWN MONTH	DAY YEAR 26 HOUR
3. S.E	Ernest S. DATI	Neal E OF BIRTH 6 AGE (IN YEARS	Cory, III	DEATH MATED X 6	15 19 85 M
1	Male White 12	LAST BIRTHDAY) 1 - 3 - 1936 28 YRS.	FUNDER TYR. IF UNDER 24 HR.	PRONOUNCED DEAD 6	16 1985 7:45 P M
70. [BIRTHPLACE (STATE OR 76 CIT	IZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
10.0	TITY OR TOWN OF DEATH II. NA	ME OF HOSPITAL, NURSING HOME, C	VIDOWED DIVORCED TO DIVORCED T	Anne Arundel Co	ounty MD.
1/2	Annapolis	8 Randall Place	\mathcal{P}_{r}	OR MOST OF WORKING LIFE)	OR INDUSTRY Lithograph
	AL RESIDENCE (IF IN NURSING HOME OR OTHER ITS	NSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CLAY OR TOWN 13c. CLAY OR TOWN 13c. CLAY OR TOWN		TREE DADDRES 11 C+	2/4/12
14.5	ATHER'S NAME FIRST SIDDLE	O LAST -	15. MOTHER'S MAIDEN NA/	ME MIDDLE	1
1 E	innest M.	Cory Jr.	Dan	Lee Ko	abora
160	WAS DECEASED EVER IN U.S. ARMED FOI YES, NO (OR JINKNOWN) (IF YES, GIVE WAR OR D)	16b. SOCIAL SECURITY N 21476519	6 Funct N.C.	ADDRESS COMP	no# 13
	18. CAUSE OF DEATH (Enter only one co	60111111	Carried III	orty (II. Spiller	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4	IMMEDIATE CAUS	1 1	xication		
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
MEDICAL CERTIFICATION	gove rise to immediate cause (o) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF			
	lying couse last.	(c)			- N
N N	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PART 1 date		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY?
FE					YES X NO
	UNDERLYING TOR	HOUR A.M. MONTH DAY YEAR		ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	7 2)
MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 6 15 19 85 21e PLACE OF INJURY (ATHOME.	Ingested cyanide		
M	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) house	8 Randall Place,	Annapolis, A.A.	
	22a. I certify that I took charge of the	remains described abave, held on	Autopsy X , Inspection .	Inquiry . and in my opi	nian
	death resulted from: Natural cause	Accident , Suicid	_	etermined manner .	
	ACTUAL SIGNATURE	278	Assistant ME	DATE EDICAL EXAMINER SIGNED	6/17/85
4	EXAMINER'S NAME Ann	M. Dixon, M.D.	ADDRESS 111 Penn	St. Balto.MD.	
230.1	BURIAL, CREMATION, REMOVAL 23b. DATE	18-85 136 NAME OF CEME		LOCATION COUNT	TY ASTATE
24. 1	UNERAL DIRECTOR	Aubress	25a. DAJE REC'D.	BY REGISTRAR 256. REGISTRAR'S SK	GNATURE
	tardesty typeral	Home Unnow	13 Meli JUN	18 1965 Fina wanted	Sent - Harriston Ban

STATE OF MARYLAND

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168026 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA injury, or other troumotic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE O	OF DEATH	REG. N	10.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20	DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
ANTHO	ONY GEORGE	CUSIMANO		June	11.	1985	M
3 SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST B	RTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
Male	White		1921	64	YRS	ONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW JERSEY	76 CITIZEN OF WHAT COUNTI		ER MARRIED 7	BALTIMORE CITY O	OR COUNTY	OF DEATH	MD
N CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST Anne Arunde)	REET ADDRESS) L General	U.	USUAL OCCUPAT YPE OF WORK FOR MOST AND DEV			EMPLOY
POSUAL RESIDENCE (IF NURSING POSUAL 130 STATE MD		SVILLE YES	NO X 2	STREET ADDRESS		DR.	21666
MICHAEL	MIDDLE CUSIMA		HER'S MAIDEN NAME	MIDDLE		FERRA	
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFO	RMANT (Daugh	nter) ADDR	RESS1160	Gatewa	y Dr.
	WII 135.16	.7392 MRS	. CAROL A.				
	DUE TO, OR AS A CONSE		ATED TO THE TERMINA	AL DISEASE OR COM	NDITION GIVE	N IN PART 10	0-
19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PE		200 AUTOPSY? YES NO		WERE FINDING CAUSES	
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OK CONTROLLED AND IN A CASE OF E	21e. PLACE OF INJURY LATHOME STREET FACTORY, OFFI	CE FARM, ETC.)	ATION TREET	CITY OR TO	OWN	COUNTY	STATE
sow the deceased alive o	pitol) ottended the deceosed fro	F-7	(my) (our) opinion deol	, to Dec	date and hour		
72d, PHYSICIAN'S NAME (TYPE	MA	22e. ADI		AEDICAL STA			
Dr. Glenn F			4 Crain H	Highway,	Glen	Burni	e,Md.

DHMH - 16 60M 7/84

should be detoched for use os with the Stote Dept. of Health TO FUNERAL DIRECTOR:

TO HOSPITAL

BP.

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MPORTANT: If Item 21 is morked or Item 18 shows

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRE

23b. DATE JUNE 15, 1985 23c. NAME OF CEMETERY OR CREMATORY GLEN HAVEN MEM. PARK 23d LOCATION
CITY OF TOWN
GLEN BURNIE

A.A.

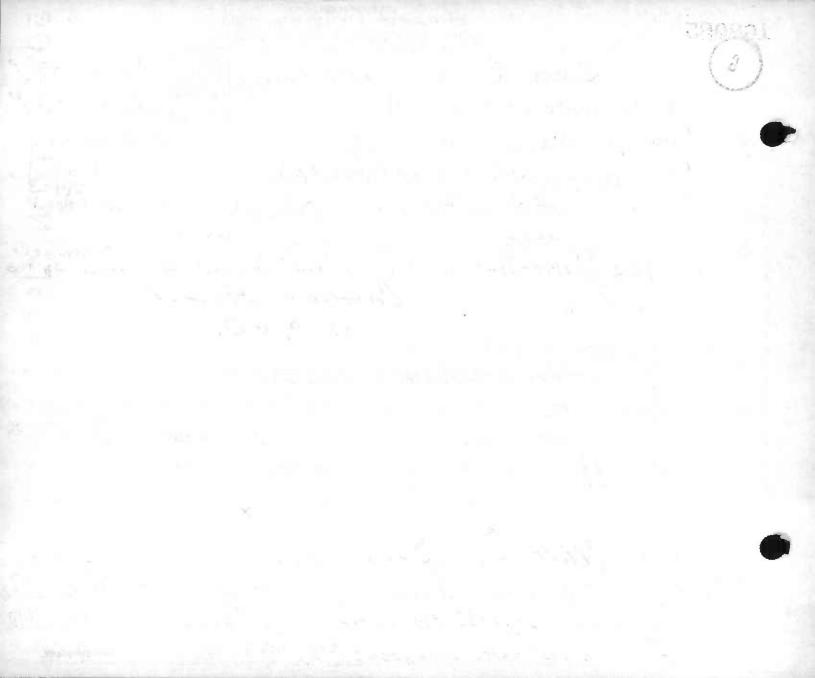
STATE MD

250 DATE REC'D BY REGISTRAR Funeral Home Glen Burnie, Md.

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1	SSA ALL SE	₹6. BI	RTHPLACE (STATE OR		WHAT COUNTRY?	8. MADDI	ED NEVER MARRI	9 BALTIMO	RECITY OR COU	NTY OF DEATH	
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	NE WELL	10. CI	Y OR TOWN OF DEATH	II. NAME OF HO	DSPITAL, NURSING HOM	AÉ, OR OTHE	ER INSTITUTION	120 USUAL OCCUPA		K 12h. KIND OF BUSI	NESS.
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	S AFTER DEAT GIVE PAGES ITH FORM PAGES 1 SANION OF WAISTON OF WAIS		1es 1194	4-1947	115-14-9"	110	JOHN 1. 1	ONOVAN	ANNA	POLIS MO	21403
	HOURS M 18. G MG WIT RMIT. P. RNIT. P.		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one couse per li	ne for (o), (b), and (c).	1		n .	-4:	APPROXIMATE IN BETWEEN ONSET A	ND DEATH
	PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18, VAR ALONG WANSIT PERMIT. AL HYGIENE, D REMOVAL.			ATE CAUSE (a)	C	aro	unc	me	24		
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	WITHIN NCIL IN NINER A REANSIT LITAL HY		Canditions, if any, whice gave rise to immediate			1	75 G V				
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	EXAP IN P EXAP IN P IN P		lying cause last.	(c)							
	BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF TE. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3, 18; PAGES 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 RND 2 STSTATE DEPARTMENT OF HALITH AND MENTAL HYGIENE, DIVISION OFWITAL, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TEI	MINAL DISEASE	OR CONDITION GIVEN IN PAR	RT 1 io			
	CO BE E	No.									
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	DHMH-17	24. F	NAME OF THE PROPERTY OF THE PR	ADDRE	ss n		25a. DATE R	REC'D, BY REGISTRAR	256 REGISTRAR	SSIGNATURE	
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	15M 2/80	-			7				7		



DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS 0 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED DIVORCED [124 KIND OF BUSINESS OF 13e STREET ADDRESS ex Extrat WIDDLE ADDRESS 17 INFORMANT IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY Musiandia IMMEDIATE CAUSE (0 CONSEQUENCE OF CU DUE TO, OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NO 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN STREET (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from. =19_85, and that in (my) (aur) opinion death accurred on the date and have and from the causes stated sow the deceased alive on_ above. (IL(we) (did) (did not) view the body after death DEGREE 17c DATE SIGNED MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN 22e ADDRESS 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGN AND RE



STATE OF MARYLAND

J	-1	2	4	0
PEG NO				

75149	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	5 / 6 8
poge 3 er deoth	(TYPE	ORPRINT) SALLY	ANN L		ERSON	20 DATE OF DEATH MONTH DA	-85 435 AM
od allowed	3. SE	Female	Caucasian		of BIRTH ch 4, 1946	6 AGE (IN YEARS LAST BIRTHDAY) 39 YRS.	FUNDER LYEAR IF UNDER 24 HRS
1535		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN	TRY? 8 MARR WIDOV	NED AND NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY O Anne Arundel	OF DEATH MD
by the familied with managed and an arranged and arranged and arranged and arranged	Ar	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE SAME) Anne Arundel	General	Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary	126 KIND OF BUSINESS OR INDUSTRY US Gov t
n 24 hours ofter dec	13a : Ma	V 4	ROTHER INSTITUTION, GIVE RESIDENCE NTY 136. CITY OR Arundel Gambr	TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 2363 Davidsonvil	lle Rd. 21054
ompletely 1 and 2 s		THER'S NAME Joseph	W. Daily			rley D.	Minnick
an and c		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) { (IF YES, GI	RMED FORCES? 166 SOCIAL 212-46	-8785	Joseph W. Da:		North Point Rd. nore, Md.
ith certificate b nading physicial carbonpopers; , or remaval. natic event, the		PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b ED BY: .TE CAUSE (a)	o, ond (c)	Pancreatic	carcinound	BETWEEN ONSET AND DEATH
quires that the death ce signed by the attendina hen please remove carb to burial, cremotion, or ijury, or ather troumatic	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EQUENCE OF	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
has been permit. I me prior	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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TEN TO OR			0 18	and the second	and that in (my) (aur) apinian	death accurred on the date and hour	ond from the causes stated
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TO HOSPITAL etoined by the TO FUNERAL should be detromed by the State with the State IMPORTANT:		Straut E	Seloui	a.u.	of Franklin	st. Annapa	olis ued.
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	June 18 1985		CEMETERY OR CREMATORY I Heart of Mar		
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME LLI Funeral Hom		Annapo Maryl	TTO TICE	IE REC'D. BY REGISTRAR 256. REGISTRA JN 201985	ar's signature

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Hnngoolfs, Mi

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- STATE 11/25/85 ria

REGISTRAR

DECEASED NAME

164028

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

MONTH

2b. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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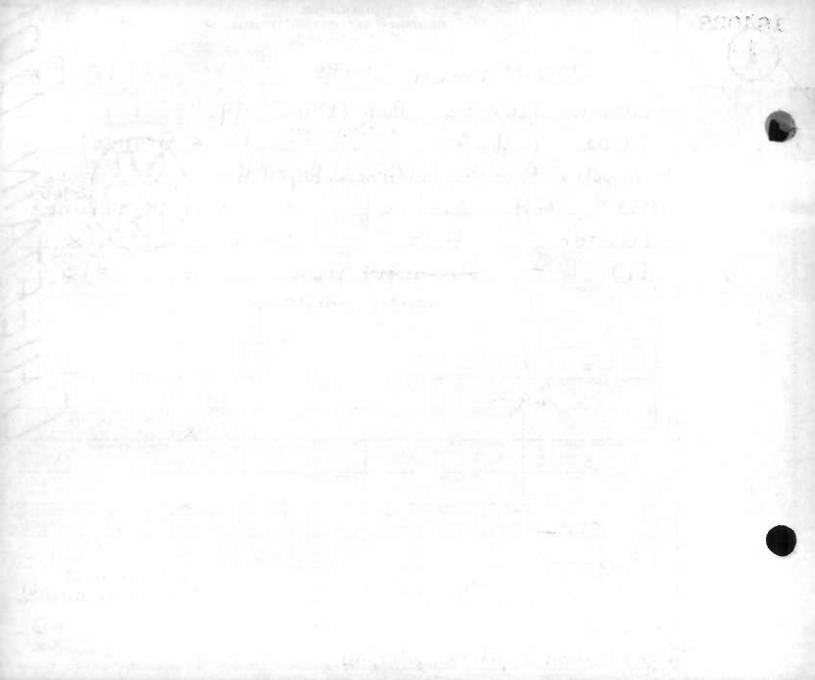
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INDUSTRY

YES [

COUNTY

20 DATE OF DEATH



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

ATTOO BY THERMS B. EHERS ST. LOVE 20 HOT

FUNERAL HOME GLEN BURNIE, MD.21061

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REGISTRAR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 178028 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH 2h HOUR (TYPE OR PRINT) 85 Austin 6 Farris. George 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male White DAYS 1910 YRS. a. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland USA Anne Arundel County WIDOWED X DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Purchasing Agent Federal Res. (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Anne Arundel Co North Arundel General Hospital BALTIMORE, MARYLAND 2120 E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Bank 3a. STATE 13c. CITY OR TOWN 3244D Normandy Woods 21043 13d INSIDE CITY LIMITS? Maryland Howard NOXX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dannelfelzer George Farris Mary Oregon, 97128 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dr. Richard Farris Rt.2 Box 323 McMinnville. 216-05-2600 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line, to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PRESTON Pu newberne Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A GOMSEQUENCE OF 3 underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO | 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION puo CITY OR TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated obove, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN mas

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

0

MPORTANT

24 FUNERAL DIRECTOR

(SPECIFY)

365HAN FUNCER

6-14-85

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

23a. BURIAL, CREMATION, REMOVAL

BelALE Rd BALTO MD. 21330

St. Michael

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

GLBNBURNIE

Ch.Cem

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F)3	FOR STATE REGISTRAR	DEP /	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	1 5 7 7 3 EDT
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urs after	FEM BLA	4. RACE COL	5. DATE OF BIRTH MONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
n 72 ho	70. BIRTHPLACE (STATE OR FOREIGN	CLISIA	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	
howfied	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE S	IRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
Must be how	40	OR OTHER INSTITUTION GIVE RESIDENCE BOUNTY	SEFORE ADMISSION	13e STREET ADDRESS ZIP	CODE 23180
examiner	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
medical	160 WAS DECEASED EVER IN U.S.		SECURITY NO 17 INFORMANT 42 5695 Mas Derote	ADDRESS	MALENTINE AVE
Inen please remave carba r ta bural, crematian, ar re injury, ar ather traumatic e	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSE	OVENCED FOR	to Aneuzyn tenosilerose MINAL DISEASE OR CONDITIO	DN GIVEN IN PART 110
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em 18 sha	OR COLUMNIA COLUMN	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
h and Me	OR CONTINUOUS CAUSE OF THE PROPERTY OF THE PRO	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	21f LOCATION	CITY OR TOWN	COUNTY STATE
ept of Healt tem 21 is ma	saw the deceased alive	spital) attended the deceased from		to House dote or	, 19 , that (I) (we) last and haur and from the causes stated
State De	22d. PHYSICIAN'S NAME (TY)	ly)	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	Alala-
with the Str IMPORTAN	RUBEN REU	DER, M. D	CLEN PU	445A FURNANCE	BRANCH ROAD
19	BURIAL, CREMATION, REMOV	1000 CO 1000 C	236. NAME OF CEMETERY OF CREMATORY MT TIGN 13 1754 ALD	M CHURCHE	FIRE VA
OM 7/84 , 4)	JOSEPH L. RL	185 2222 W. 1	25a. DA		egistrar's signature

(VRA 15, 4)

WINDLAND -THE PERSON NAMED IN COLUMN THE STATE AND IN SOME STATE A STATE OF THE PROPERTY OF THE WORLD Louis and Margaria Language Romania 227 12 562 May December Security Princes of the Park

A76057	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 5 7 7 CERTIFICATE OF DEATH REG. NO.	4
offer deoth. Page 4 may be the funeral director, page 3 id - thin 72 hours after deoth	3. SE 70. B 10 C USU 130.	CEASED NAME FIRST OR PRINT) HARA X Male	ARCE S. DATE OF BIRTH MONTH DAY YEAR 20. DATE OF DEATH MONTH DAY YEAR 15. DATE OF BIRTH MONTH DAY YEAR 16. AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR IF WIDDWED THE OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVE	ction
201 W. PRESION ST., BALTIMORE, MARYLAND 2120 st that the death certificate ed by the attending physicial and compart by filled in by please remove carbon papers, and the carbon carbon, or removal rial, cremation, or removal , ar other traumatic event, the medical compare that	1	VAS DECEASED EVER IN U.S. AR. VAS DECEASED EVER IN U.S. AR. VAS DORUNKNOWNI 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	MODIE TANE RAMED FORCES? TO SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS Same a.S APPROXIMAT BETWEEN ONSE TO BY: APPROXIMAT BETWEEN ONSE APPROXIMAT BETWEEN ONSE	E INTERVAL ET AND DEATH
HOSPITAL OR ATTENDING PHYSICIAN: The law require soined by the haspital or attending physicion. FUNERAL DIRECTOR: After this certificate has been sign ould be detached for use as the burial-transit permit. Then the state Dept. of Health and Mental Hygrene prior to burial-transit if them 21 is marked or them 18 shows any injury.	MEDICAL CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT YES NO	STATE STATE if (1) (we) lost uses stoted
P = P = 3 ≤ BP	24 E	SURIAL, CREMATION, REMOVAL SCIEVY DINERAL DIRECTOR	June 15 1985 Hillcrest Annapolts An	m D

	- FOR			S DEPARTMENT (MARYLAND H AND MENT	AI HYGIEN	E	S hw	, ,	-10
68039	1 - STATE REGISTRAR			DICAL EXAM				- D	5, NO.	/ /	2
	1. DECEASED NA	AME FIRST		MIDDLE		LAST		20. DATE KNOW		DAY YEAR	Zh HOUR
<u></u>	(TYPE OR PRINT)	James	3	Wilso	n	Freeman	Jr.	OF ESTI-	× 5/	27/19 85	5
STON STREET,	3. SEX	4. RACE	S. DATE OF BIRTH	YEAR 6. AGE (1				2c. DATE	MÓNTH	DAY YEAR	5 HOUR
1	Male	White	10 28	58 26	YRS.	THS DAYS HOUR		PRONOUNCED DEAD	6/	1/ 1985	P
3	70. BIRTHPLACE FOREIGN COUNT	RY)	76. CITIZEN OF WI	HAT COUNTRY?	8 MAR	RIED NEVER M	ARRIED X	9. BALTIMORE CI	TY OR COUNT	Y OF DEATH .	
1		ngton DC	USA		WIDO		ORCED 🗌	Anne Aru		-	MD.
Z	D. CITY OR TOW	VN OF DEATH		PITAL, NURSING HO		HER INSTITUTION	FORA	JAL OCCUPATION)	OR INDUST	JSINESS RY
_		napolis		Coast Gua		ation	P	lumbler		Const	ructi
ž	130. STATE	HUN COUN	IYY	13c. CITY OR TOW	N	13d INSIDE CITY LIMI		EET ADDRESS			
é	Marylar		PG	Forestv	ille	YES X NO		04 Mart	ha Sti	reet 2	0747
j	14. FATHER'S NA		MIDDLE	LAST		15. MOTHER'S M		MIDDLE		LAST	
ė	James	SED EVER IN U.S. AR	Lson	Freeman		. Cath	nerine		RESS	abin	
	(YES, NO, OR UNI	KNOWN) (IF YES, GIVE	WAR OR DATES)	100. SOCIAL SECO	KILLINO.		aino m			26 #1	2
	NO III CAUS	E OF DEATH /F-:	1			Cather	rine F	reeman	same	as #1	
	PARTI	E OF DEATH (Enter on DEATH WAS CAUSE	D BY:	tor (a), (b), and (c).)	D	å 10 er				BETWEEN ONSE	T AND DEATH
	9/	O 8 IMMEDIA	TE CAUSE (a)	AS A CONSEQUEN	Drown	шід					
IAL, CREMATION, OR REMOVAL.		itians, if any, which	1								
		rise to immediate (o) stating the under-		AS A CONSEQUENCE	E OF				-		
	lying	cause last.	(c)								
		R SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE	ERMINAL DISE	ISE OR CONDITION GIVEN	IN PART 1 In				
ı	NO		1.4.6						500		
1	S 190. DATE	OF OPERATION	19b. CONDIT	TION FOR WHICH O	PERATION	WAS PERFORMED?				20 AUTOPSY	?
-	E									YES X	NO 🗌
3	()	NAL CAUSE WAS	21b. TIME OF HOUR A.M	MONTH DAY Y	EAR	HOW INJURY OCCU				RT 2)	
	CONTRIBU	NG YOR UTING TCAUSE OF	DEATH ? P.M.			bject dro	wned w	nile swi	mming		
-		NOT WHILE	STREET, FACT	TORY, FARM, ETC.)		OCATION STREET	Poach	CITY OF TOWN	Co SON	ATY .	STATE
	AT WORK	ATWORK	V V	water	Ch	esapeake	Beach,	Carvert	CO., M	u.	
1	220. I ce	ertify that I taok charg	ge of the remains des	crybed abave, held o	n Auto	psy X Inspe	ection .	Inquiry .	and in my opi	inion	
-	death res	sulted from: Natu	ral causes .	Accident X,	Suicide L	, Homicide	Undete	ermined manner			
	ACTUAL		ADV			TITLE (SPECIFY			D. 175		
-	SIGNATUI	RE	100			M.D. Assist	ant MEDI	CALEXAMINER	SIGNE	6/2/8	5
1	EXAMINE	R'S NAME						0.			
547	(TYPE OR F			uffman, M		_ADDRESS	111 Pe				
	(SPECIFY)	MATION, REMOVAL 1				OR CREMATORY	23d. LO	CATION PRIOWN Suitland	d PG	Max S	yland
	24 FUNERAL DIE		6/6/85 Suit	land Mar	vlan	Cremate			REGISTRAR'S SI		утапс
	Rober		elm Fune	ral Home	7 - 411	JL	IN 12	1985	hia Davids	on-Randa	الم
))										•	

7601 SANDY SPRING Rd. LAUREL Md. 20107

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

STATE

STATE

x - x

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRA	AR						REG. N	O.		
1. DECEASED NA (TYPE OR PRINT)		SARAH		NCHE		EENFELD	2a. DATE OF DEATH	MONTH 6 -	3-85	7 50 HOUR
3 SEX	25	4.5	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 2
FEMALE			WHITE		SEPT		70	YRS		
7a BIRTHPLACE	(STATE OF F	OREIGN 76	CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
MARYLA		1	USA		WIDOWE	DIVORCED [ANNE A			
10 CITY OR TOV	VN OF DEA	лн (1).		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINES
ANNAPO				ARUNDEL		HOSP.	PHARMACI:	ST	BA	LTO.
130. STATE	ICE (IF NURSI	ING NOME OR OTH	ER INSTITUTION	130 CITY OR TOV		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODI	E	
MARYLA		BALTO		BALTIM	IORE	YES NO X	8510 GREE	NS LA	#2	1207
14 FATHER'S NA		MIDI	DIE	LAST		15 MOTHER'S MAIDEN NAM	WE		LA	ST
	MUEL			LEITES		RACHEL		MARKOI	WITZ	
160 WAS DECEA		IN U.S. ARME		166 SOCIAL SEC			NLEY GREEN			
NO				214-05-	0966	625 LEAFYDAI	LE TERRACE	#:	21208	
		H (Enter only o		line for (a), (b), a	nd (c	Pupasi c				ONSET AND D
FARIT						Breast C	ancer		3 46	2avs
gove ris	ns, if ony, se to imm	nediate g the	DUE TO, OF	r as a consequ						
gove ris cause underlyin	ns, if ony, se to imm (a), station ng cause	which nediate g the last.	DUE TO, OF	r as a consequ	JENCE OF	NOT RELATED TO THE TERM EUMOWIA		DITION GIV	VEN IN PART 1	5
gove ris cause underlyin	ns, if ony, se to imm (a), station ng cause	which nediate g the lost.	DUE TO, OF	PRAS A CONSEQUE	DEATH BUT			206 IF YE.	VEN IN PART 1 S, WERE FINDI FYING CAUSE:	NGS USED
DALE COLOR OF THE	ns, if ony, see to immon, stationing couse OTHER SIGN OF OPERAT	which nediate g the lost. NIFICANT CONTION DERLYING	DUE TO, OF b) DUE TO, OF (c) DUE TO,	DITRIBUTING TO ON VATOU ITION FOR WHICH IF INJURY MONTH	DEATH BUT OPERATION TAY YEAR	eumonia	INAL DISEASE OR CON 20a AUTOPSY? YES \(NORTHER NORTHE	20b IF YE IN CERTII	S, WERE FINDI FYING CAUSE ES	NGS USED
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DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this

TENDING

TO HOSPITAL

BP.

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Para Varidon-Randell

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

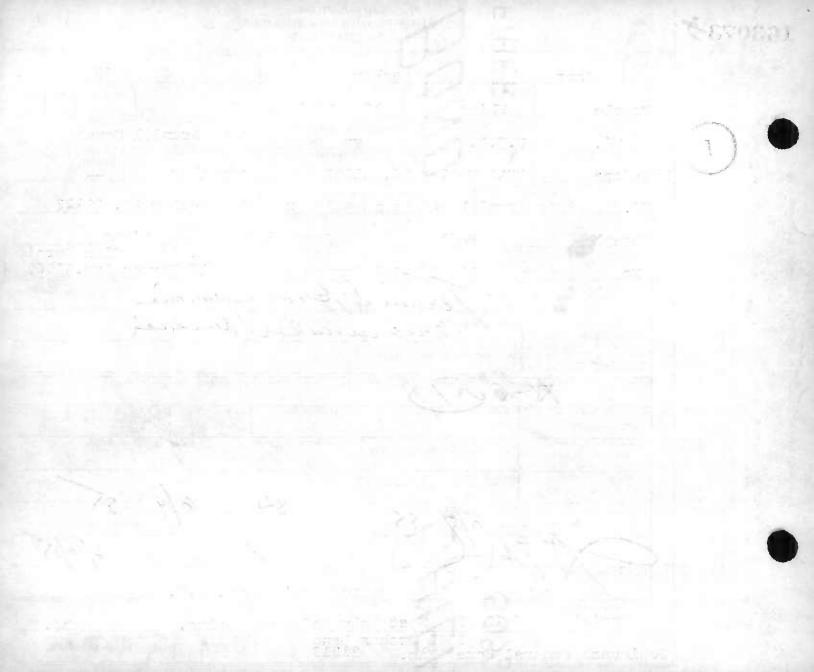
86004	/1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	REG. NO.	51/5
noy be		CEASED NAME Prest		Griffit	ITH	20 DATE OF DEATH MONTH	25 85 0,30 M
tretor. po	3 SE	17.	lave.	5. DATE C	DF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 79 YRS	
72 ho	Ma	RTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OF WHAT COUN	MARRIE		Anne Arundel	MD.
liled with	10. C	Ynnapolis	11. NAME OF HOSPITAL, NU	URSING HOME O	DR OTHER INSTITUTION HOSP.	120 USUAL OCCUPATION (TYPE OF WORFINETWORKING	126 KIND OF BUSINESS OR
onld be		ALRESIDENCE (IF NURSING HOME O TATEL TYLAND	R OTHER INSTITUTION, GIVE RESIDENCE NTY		13d, INSIDE CITY LIMITS?	13.5555AGFEENOCR	Road
ompletely ond 2 sh	14 FA	Bemjamin F.	Griffith LAS	Т	Bertha	ME Phipps MIDDLE	LAST
n ond co	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL 220 1	SECURITY NO + 1885	Earl E. Gr	iffith Same as #	#1 3
rtificate b physicio onpapers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly ane cause per the for (a). A ED BY: TE CAUSE (a)	Rest	inatury o	rrest	APPROXIMATE INTERVAL BESWEEN ONSET AND DEATH
death cer ittending ive carbo ian, or re sumotic e		Conditions, if any, which	DUE TO OCCUL	e Pu	mouau	Edema	3 days
d by the o lease remo		gave rise to immediate cause (a), stating the underlying cause lost.	DUETO AND COM	to let	t Ventice	lar failur	2 3 days
en signed Then ple or to buric injury, o	NOI	CARDIOM	46 Parting	- V	NOT RELATED TO THE TERM	INAL DISEAS OR CONDITION O	IVEN IN PART HIS
The law ion. e has been if permit grene price.	CERTIFICATION	6/22/85	acute (Rolle	WAS PERFORME	IN CERT	ES. WERE FINDINGS USED IFYING CAUSES OF DEATH? VESNO
SICIAN: ng physic certificat urial-trans lental Hyg ltem 18 s		THE ELLINE HOLLS WEDGE EXWANT ON COMMERCIANO CONTRACTOR SHE VEGETINAL WAS INVESTIGATED.	ATH HOUR AM MONTH	DAY FEAR	721: HOW INJURY OCCURS	ED (parte nature di riggio sartos si	FART CORPART 21
offendin frer this os the but h and M orked or	MEDICAL	THE INJURY OCCURRED	214 PLACE OF INJURY EATHOME STREET, FACTORS OF	PRICE, PARM, \$70.3	SH FOCUTION	Page 4	COUNTY HATE
ATTENDII spital or CTOR. A f for use of Healt		saw the deceased alive or above; (1) (we) (did) (alia ha			nd that in (my) (cor) opinion o	death accurred on the date and he	our and from the causes stated
ral OR y the ho Ral DIRE detoched for Dept VII. If Item		2% SIGNATURE	Veikou	WV	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/25/85
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the Store I		PETER FO V	ERKOUW		1833 FORE	ST DR. Anu	op Ris hed 2140
BP	23o E	UBIAL CREMATION, REMOVAL		23 MENE Z1		23d Pothtan AA	COUNTY Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24, 54	MERAL DIRECTOR MINSCH 74	- Owin	rge 1	Ma/ 250. DAT	EREC'D. BY REGISTRAR 256, REGI	STRARE SIGNATURE

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	deat	funero
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 leave—the death. Po- etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely life details from the forest direction of the business of the business are the business and the business of the business are the business and the business of the business are the business and the business of the business are the business and the business of the business are the business and the business of the business are the business of the

)5	1	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	SIENE 8 5	10.	5 /	7 9 EDT
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR 26	HOUR
	1		WRENCE	HENRY	GRII	FFITHS	JUNE	06	, 1985	0208 W
	3. SE	X	4. RACE		5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR IF	UNDER 24 HRS
		Male	Wh	ite		12 1, 1912	72	YRS.	DATS	DON'S MIN.
1		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.	F WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY S	_	L COUNT	Y MD
L		GLEN BURNTE	(IF NOT IN S	NCH FACILITY, GIVE STREET RTH ARUND	EL HO	OR OTHER INSTITUTION SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE)	126 KIND OF B INDUSTRY	
9	130	AL RESIDENCE I IF NURSING HOME STATE Inyland	OR OTHER INSTITUTION	130: GITY OR JOW	/N .	13d INSIDE CITY LIMITS?	134 STREET, ADDRESS	zip cope	2.0/	
1	14. F.	Thomas	WIDDLE	Griffi	ths	15 MOTHER'S MAIDEN NA	ME MIDDLE	_	Thomas	,
)	16a Y	VAS DECEASED EVER IN U.S. YES, NO DE UNKNOWN) ARYES, W.W.	ARMED FORCES?	216-05-8		Mrs. Diane B.	(owger, Sam		ove	
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2 OTHER SIGNIFICAN HOW THE STATION 19a DATE OF OPERATION	(c)_ IT CONDITIONS (OEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \text{NO} \)	20b. IF YES, V IN CERTIFYIN	VERE FINDINGS	DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	21¢ HOW INJURY OCCUR		YES [NO []
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		TREET FACTORY, OFFICE F	ARM, ETC)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22a.1 certify that (I) (this has sow the deceased alive above the (we) (did) (did	on W	-e 5 19		nd that in (my) (our) apinion (eoth occurred on the d		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(I) (we) lost ses stated
	/	222 PHYSIC UP'S NAME (11)		5 m	7	22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC 844 NORTH	AREY ST		1/83
	23a. 8	SURIAL, CREMATION, REMOV SPECIFY) Burial	AL 23b. DATE			emetery or crematory aven Mem. Park	23d LOCATION CITY OR TOWN GLEN DUR	nie, A.	OUNIV A. 1	STATE
		INERAL DIRECTOR Cully Funeral	9	30 E. For	24220	Balto Md. JUN	1 3 1985	ha barde	7.57.24	

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

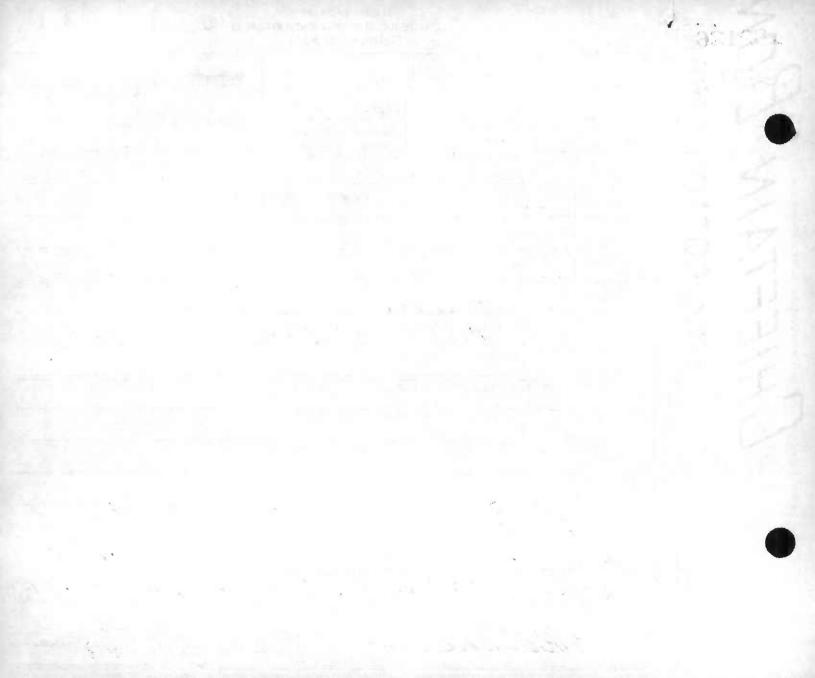
	REGISTRAR				4	ICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST		MIDDLE	(LAST	20 DATE OF DEATH	MONTH	DAY Y	EAR	2b. HOUR
(TYP)	E OR PRINT)	Paul	John		Hag	ren	Júne	29,	19 85		
3. SE	Х		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER 21 HR
1	male		white		Feb	18-1920	65	YRS	MONTHS	DAYS	HOURS MIN
	IRTHPLACE (STATEORE aryland	OREIGN	U.S.	what country? A_{ullet}	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O			TH	
19 C	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			IND OF	BUSINESS
10	len Burnie		North	Arunel H	ospit	al	Custom Ins				Servi
Ma:	_	136 COUN A.A	OTHER INSTITUTION TY	Glen Bu	e admission)	13d. INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS 113 Verno	zipcot n Ave	DE E	2.1	.061
14 F	Jöhn	É	aul	Hag	en	15. MOTHER'S MAIDEN NAM	WE		Ken	ny	
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT (Wife) ADDRI	ESS		21	.061
,	yes	W.W.	II	219-01-3	913	Helen R. Hagen		on Av	re, Gl	len	Burnie
			DUE TO O	PAS A CONSEQUE	ENCE OF	1 11	7 1-11	. /	_ /	1	10
FICATION	Conditions, if any, gove rise to imm cause (o), statin underlying cause PART 2. OTHER SIGN 198. DATE OF OPERAT	nediate g the last. NIFICANT C	DUE TO, O		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF Y	ES, WERE F	INDIN	
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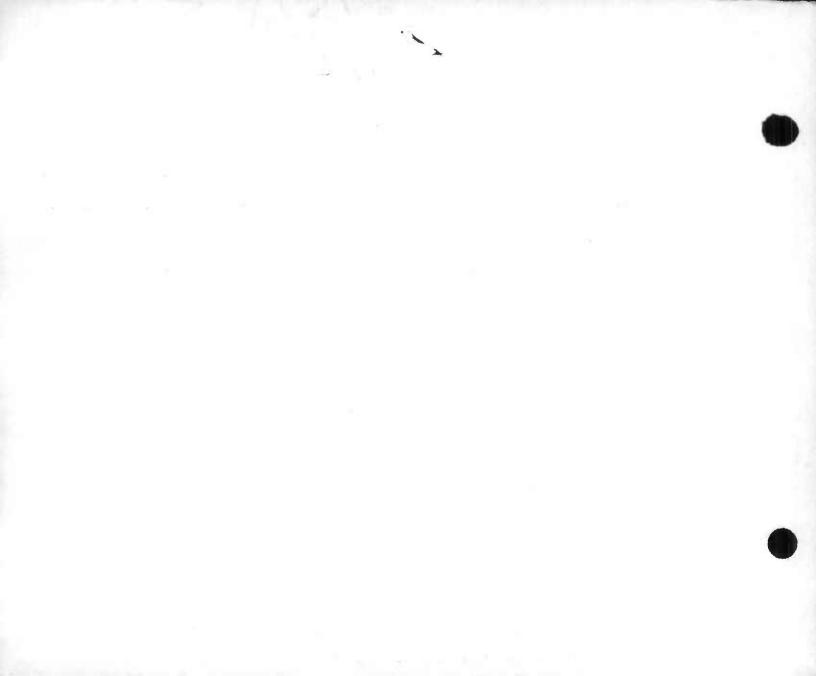
IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending p should be detached for use as the burial-transit permit. Then please remove carboniwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar rem

(VRA 15, 4)

Singleton Funeral Home #1 Second AveGlenBurnie



	FOR STATE REGISTRAR				STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 1 5 / 8 2 CERTIFICATE OF DEATH REG. NO.								
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STATE OF MARYLAND

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C PHYS other this of the burner of the burner was the burner when the burner was	MEDICAL	#1M. INJURY OCCURRED	21e PLACE OF INJURY	W. ETC.) ZH EOCATION	CITY OR TOW	es COUNTY STATE
TTENDIN CTOR At for use of the off		72n.1 certify that (1) (this hospital saw the deceased alive on above, (1) (aid) (did-ett)	6-18-1081	6 - 76 - 1683 and that in (my) (our) opinion	death occurred on the dat	e and hour and from the course stated
TAL OR AT White hosp RAL DIRECT detoched if tote Dept in		Le Cyniae	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	an □ 6/18/85
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ρ∦ 2≗; ¥— ΒΡ———	33a	BURIAL CREMATION REMOVAL	6/22/85 6	ME OF CEMETERY OF CREMATORY	I'M LOCATION	Plake Helleway
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STATE OF MARYLAND

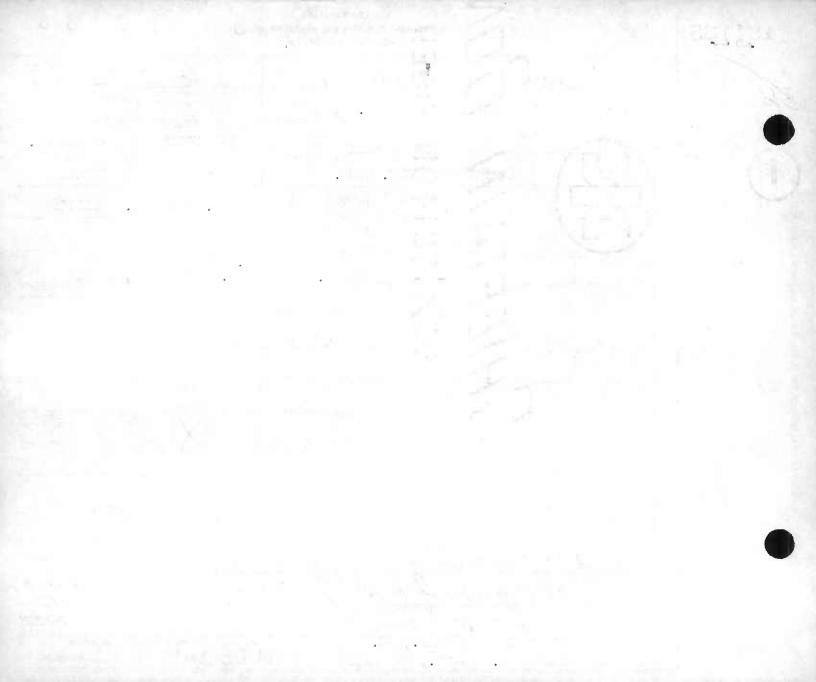


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6010 REISTERSTOWN RD. BALTO., MD

One waydown Mandall

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE					
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STATE OF FOREIGN

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12b. KIND OF BUSINESS OR INDUSTRY Air Force

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NAME OF HOSPITAL NURSING HOME

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Landi neg 🗌 NO K 15 MOTHER'S MAIDEN NAME

Elizabeth

13e.STREET ADDRESS / ZIP CODE 187 Deale Rd.

MIDDLE

14. FATHER'S NAME

Md.

FOR

- STATE REGISTRAR DECEASED NAME

Perry Alexander

Henslev 166 SOCIAL SECURITY NO

17 INFORMANT

Brown

Marsh

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) WWII ves

Co.

Jaems M. Hensley 075-30-7198

Shurchton, Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: TATIC LUNG CANER IMMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

PART 2. OTHER SIGNIFICANT CONDITIONS

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
CIE EITHER NOTIEVANERICAL SYNAMINEDI

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 10

NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED

198 DATE OF OPERATION

P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY OFFICE FARM ETC) 211 LOCATION

20a AUTOPSY?

CITY OF TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

276 SIGNATURE

73b DATE

5/7/85

DEGREE ATTENDING

Long Island Nationl

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

Cem. Y OR TOWN

Long

22c DATE SIGNED

22d PHYSICIAN'S MAKE (TIME DEFEM

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

shauld be detached with the State Dept.

MPORTANT

FUNERAL

Hardesty Funeral Home (VRA 15, 4)

Burial

23a BURIAL, CREMATION, REMOVAL

REGISTRAR 256 REGISTRAR'S SIGNATURE

IS.N.Y

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

MEDICAL

12 Ridgely Ave: Ann.Md. 21401

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or other troumotic

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MPORTANT: If Hem 21

230. BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND DEPAR

RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CE	RT	IFICATI	OF	DEATH		

REG. NO.	

24	1
V	4
	CDT

REGISTRAR	R			REG. NO.			240	
1. DECEASED NAME FIRST	ALLEN	HDLY			JUNE 29,		26 HOU 425	AN.
3 SEX	4. RACE	5. DATE OF BIRT	Н		6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR	IF UNDER	24 HRS
Male	White	MONTH 5	17	53	32 YRS.	ONTHS DAYS	HOURS	MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	151/50 1		9 BALTIMORE CITY OR COUNTY			
Maryland	U.S.A.	MARRIED WIDOWED		ORCED	ANNE ARUNDEL	COUNTY	(M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN			ITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND O	F BUSINE	ESS OF

GLEN BUKI	ATE MOR	III ARONDEL ILC	FIAL	Hotel	
USUAL RESIDENCE (IF NO 130. STATE Maryland	13b COUNTY A.A.	ITION, GIVE RESIDENCE BEFORE ADMISS 134. CITY OR TOWN Ferndale	13d. INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / ZIP CODE 303 Williams Road	1 21061
14 FATHER'S NAME	WIDDIE	LAST	15 MOTHER'S MAIDEN N	AME MIDDLE	LAST

,	Gene	MIDDLE	Holy	Blanche	wibbts	Smith
1	160 WAS DECEASED EVER !	N U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	(YES NO OR UNKNOWN)	Vietnam	215-50-5898	Joseph Holy	Same as 13e	

DADY I DEATH WAS CALL	only one couse per line for (a), (b), and (c) ED BY. ATE CAUSE (a) Massive Hembrihage	2
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gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR, AS A CONSEQUENCE OF CIENTARIA	0

	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
				YES NO	YES 🗍	NO [
1 CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPAR			
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STAT

TTORK	A. WORK		. /		1	
20.1 certify t	hot (1) (this haspital)	attended the deceased from.	6/27	19 55 10 6	25	19 C that (I) (we) la
sow the c	deceased alive an	6/29 19	, and that in (my) (our) apinion death accurred an i	the date and hou	or and from the causes stated

sow the deceosed plive an	,19 85, and that in (my) (aur) apinion death	accurred on the date and hour and from the causes stated
22b. SIGNATURE	DEGREE	The DATE SIGNED

23c NAME OF CEMETERY OR CREMATORY

MEDICAL STAFF
IN DIRECTOR PHYSICIAN DIRECTOR HIGHWAY,

BERNARDINO A. ALONSO MD

G. EN BURNIE, MD 21061

7/2/85 Burial Glen Haven Mem Park

23d. LOCATION
CITY OF TOWN
Glen Burnie BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE Md

George J. Gonce 4001 Ritchies Hgwy Balto Md

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR

The state of the s

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ** STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 19 DATE OF BIRTH 6. AGE (IN YEARS 2d. HOUR IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 0708 444xRS Male White 30 DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? **9. BALTIMORE CITY OR COUNTY OF DEATH** MARRIED TO NEVER MARRIED FOREIGN COUNTRY)
Maryland U.S.A. ANNE ARINDET. County WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Annapolis ANNE ARUNDEL GENERAL HOSPITAL C.O. Technician C&P Telephone UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e. STREET ADDRESS 21012 13h COUNT 13d. INSIDE CITY LIMITS? YES [15 MOTHER'S MAIDEN NAME M. FATHER'S NAME MIDDLE MIDDLE Haughey Harry Hoover Ruth 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Arnold. Md. (IF YES, GIVE WAR OR DATES) 215-40-0028 Anna M. Hoover 259 Ternwing Dr. Yes Vietnam CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BURIAL - TRANSIT PERANT AND MENTAL HYGIENE DATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED OF HE 20. AUTOPSY? NO 🗌 DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 execute the certificate, writing the w page 4 should be forwarded to the **To Funeral director**; page 3 should after death, with the State departable ba(Timore, maryland, 21201 pror to 1 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy death resulted from: Accident Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. 695 America Crt., Davidsonville, Md. 21035 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL CREMATION REMOVAL 23b, DATE Jun 5 1985 Parkwood Cemetery Baltimore Maryland Burial 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR **DHMH - 17** Baltimore, Maryland Leonard J. Ruck. Inc. (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

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178085	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO.	5 / 9
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ofter death Pog	LA	RTHPLACE (STATE OR FOREIGN COUNTRY) LABAMA TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 79 BALTIMORE CITY OR COUNTY UNITED STATES WIDOWEDS DIVORCED 79 BALTIMORE CITY OR COUNTY 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ALIENOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANNE ARUNDEL CIEN ERRI HOSPITAL CHRPENTER	COUNTY MD.
within 24 hours orest (12 to ore 12 to or	M	AL RESIDENCE (IF NURSING HOME OF STATE 13) COULT AND HOME	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Rp. 21012
ALTIMORE, MA te be executed v ician and campl oers. Pages and ill.		HOMAS VAS DECEASED EVER IN U.S. AR YES, NO OR ÜNKNOWN) (IF YES GI	T. HUGGINS LIZZIE RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT VE WAR OR DATES) 428 01 43 44 LOUISE ROBINSON ARNOLD	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the ottending physician and committee the last the buriol-transit permit. Then please remove corbanappers. Pages animal the list hand Mental Hygiene prior to buriol, cremation, or removal. orked or them 18 shaws any injury, or other traumatic event, the medical committee.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) 3eP3iS.	APPROXIMATE INTERVAL 8ETWEEN ONSET AND DEATH
RDS, 201 W. PR equires that the n signed by the Then please rem to burial, crema	NO	gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE OF TWENLOSIS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0
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ATTEND Spital o SCTOR: A d for use for use n 21 is m		22a.1 certify that (I) (this hasp	intol) ottended the deceased from 151/6V 19 to 67 19 19 19 19 19 19 19 19 19 19 19 19 19	9, that (I) (we) lost and from the causes stated
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P=		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL UNERAL DIRECTOR	JUNE 18, 1985 GLEN HAVEN CEMETERY GLEN BURNIE	ANNEARUMEL M
DHMH - 16 60M 7/84 (VRA 15, 4)	B	ARRANCO FUNERA	SEVERNA PARK, MD 18 1985	distribution of

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24 hour	USUAL 13c. STA				INSIDE CITY LIMITS?	130. STREET ADDRESS	ZHA BLUD	46
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s that the death certificate ed by the attending physici olease remave carbanpaper rial, cremotian, ar removal. ar ather traumatic event, th	· ·	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse Iol, stating the inderlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	cular oe		APPROXIMATE BETWEEN ONSET / O M	
The law requires ician. te has been signer sit permit. Then playing prior to bury shows dry injury, c	NO.	ART 2. OTHER SIGNIFICANT (WHICH OPERATION W		200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
HYSICIAN: ding physics certification burial-transmister than Mental Hybrid circles are them 18	CAL	O. ACCIDENT WAS UNDERLYING CORRECTION OF CAUSE OF DE- IF CONTRIBUTING CAUSE OF DE- IF EITHER, NOTIFY MEDICAL EXAMINES O. INJURY OCCURRED	HOUR A.M. MONT P.M. 210. PLACE OF INJURY	TH DAY YEAR	LOCATION	URRED (ENTER NATURE OF INJL		STATI
OR ATTENDING is hospital ar off the for use as the ford far use as the lept. of health or them 21 is market	2)	ACTIVALLE AND ALL WORK a.1 certify hat (1) (this hospin above, 1) (we) (digh) (did no above, 1) (digh)	ot view the body offer death	from 6 1	ot in (my) (our) apinic	on death occurred on the d	ote and hour and from the cause	(I) (we) es stated
TO HOSPITAL (10 HOSPITAL 10 HOSPITAL 10 HOSPITAL 12 Should be deta with the State 11 IMPORTANT; if	23a-Hr078	BURIAL	6/24/85	23s NAME OF CEME	TERY OR CREMATOR	BALI	MA PERMANANT STEN AFORE	17

The MAY SERVING AND SELECTION OF THE SERVING THE SERVI ALC: A STREET AND THE RESIDENCE OF THE PARTY that I seemed burney DIVISION OF VIT

HOLECLA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 36HRS HEMORRHAGE ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO \square 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) ITY OR TOWN COUNTY STATE that (1) (me) tost , and that in (my) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN d b IMPORT, with 0 23¢ NAME OF CEMETERY LOCATION OR CREMATORY CITY OR TOWN 1 COUNTY STATE NATIONAL -ow is little 25a DATE REC'D 25b. REGISTRAR'S SIGNATURE UL (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

HOURS

176. KIND OF BUSINESS OR

IF UNDER 24 HRS

MIN.

IF LINDER I YEAR

INDUSTRY

DAYS

DHMH - 16 60M 7/84

Color NATE OF STREET STREET, STREET STREET, The Contract of the Contract o

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1	STATE REGISTRAR
	EASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	250 14				

	REGISTRAR			CEKITI	ICATE OF DEATH		REG. NO.		
		FIRST	MIDDLE		LAST	20 DATE OF		DAY YEAR	2b HOUR
(TYP)	EORPRINT) HRY	-bort	М.	J	GNES	JU	We 2	11985	1000 AM
3. SE	X	4 RACE		5 DATE (OF BIRTH	6 AGE INY	(EARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Male	B7.	ack	MONTI	DAY YEAR	34	/ YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN	OF WHAT COUN	TRY? 8. MARRIE	D NEVER MARRIED X		RE CITY OR COUN	1 1	
10.0		11 111115		WIDOWI				MAGI	MD.
	11Y OR TOWN OF DEATH		OF HOSPITAL, NU SUCHFACILITY, GIVES JE Aru	TREET ADDRESS)	General	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING borer		OF BUSINESS OR
USU 13a	AL RESIDENCE (IF NURSIN	S HOME OR OTHER INSTITU	13c CITY OR ANNAP	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET /	ADDRESS / ZIP CO	Street	21401
14. F/	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME			
	Herbert	WIDDLE	Jon	es	Virgie		WIDDLE	Hic	ks
	WAS DECEASED EVER IN		S? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		
- 1	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	(S)		Virgie Jones	1811 1	Rowman Dr	Annan	olis. Md
_					LATTOTO CONCE	TOTT 2	DOWNELL DI		XIMATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED BY:	1			2010/		BETWEEN	ONSET AND DEATH
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	Conditions, if any,	which ()					1. 1.27	
	gave rise to imme cause (a), stating		O. OR AS A CONS	FOURNIES OF				1110	
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Z	PART 2 OTHER SIGNI	FICANI CONDITION	3 CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	IIINAL DISEAS	E OK CONDITION	GIVEN IN PART I	d
CERTIFICATION	190 DATE OF OPERATIO	ON Trop Co	NIDITION FOR	HICH OPERATIO	IN WAS PERFORMED	20g AUTO	DDSV2 206 IF	YES, WERE FIND	INCS USED
ICA	4. 2	198. CC	INDITION FOR W	A OPERATIO	N WAS PERFORMED	ZUO AUTO		TIFYING CAUSE	
RTIF	May 31,19	85 (N	Tracer	ebral	Hemorrhage	YES 🗌	NOD	YES [NO 🗌
CE	210 ACCIDENT WAS UNDER		AE OF INJURY	DAY YEAD	216 HOW INJURY OCCURR	RED (ENTERNA	STURE OF INJURY IN ITEM	B PART OR PART 2)	
AL	OR CONTRIBUTING CA	USE OF DEATH	P.M.	19					
EDIC	21d INJURY OCCURRE	D 21e PLA	CE OF INJURY		21f LOCATION			5011111	
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	AT WORK AT WORK		1.1.1.1.1.1.1	WV	1 2/ 5		1 1/4/4	2 8 5	
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	226. SIGNATURE		1		DEGREE			22c. DATE	ESIGNED
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	22 PHYSICIAN'S NAM	AE (TYPE OR PRINT)			22e ADDRESS			114/	11.00
	Jack	Kush	ner		20 Rida	20/4	Ave-An	Wapolis	5,40.
23o.	BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23 LOC		COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

BP.

74. FUNERAL DIRECTOR
NAME REESE & SONS MORTUARY, P.A.

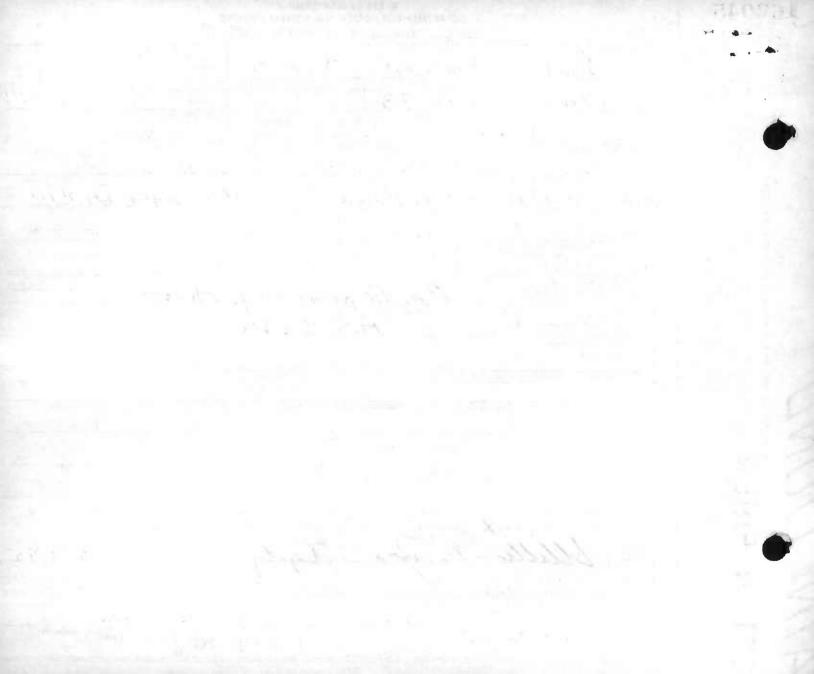
Annapolis

JUN 3

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220,000 320		FOR STATE			DEPARTMENT					1 5	1 7	2
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1		EASED NAME OR PRINT)	()	5	MIDDLE		LASI	20	OF	ESTI-	NTH DAY	YEAR 26. HOUR
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510 E OF S	3. SEX		4 RACE	5 DATE OF BIRTH	VEAR LAS	BIRTHDAY) MOR		IF UNDER 24 I	HRS. 2t DATE PRONOUNC	ED _		YEAR 2d HOUR
1670E#	Ma	le	White	Feb 8,		3 (RS.			DEAD	June		101
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新型の2番子/	Pe	ennsyl	vania	U.S.A			WED 🛭			INE ARUNDE		MD.
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= 0.549977	USUA 13a. S1	L RESIDENCE	IF IN NURSING HOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE	ADMISSION	Juga INCIDE CIT		s STREET ADDRES			
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M 122 H WD	The State of the S	THER'S NAME	12230				15. MOTHER	R'S MAIDEN N	VAME	1		
the state of the same of the		George		MIDDLE	Jone	20		rsi Nargare	MID.	DLE	Claybe	
# HUN - 2	16a. W	AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SE		17 INFORM	(son	1	ADDRESS		
BALTIMORE URS AFTER DEA 8. GIVE PAGES WITH FORM T. PAGES 1 RM DIVISION OF		ES, NO, OR UNKNO Ves		WAR OR DATES) Korea	177-1	2-2050		John P.		13 Tenne	ssee Av	ve
A S S A S S A S S A S S S A S S S S S S				ly one couse per line	for (a) (M) and	-11	THE . U	OTHI I.	P	asadena	APPRO	122
ON ST., 24 HOUR TEM 18, CONG W PERMIT, SIENE, C			ATH WAS CAUSE	BY:	Tor (a), toj, ona	din	· · · I man	MAN	, An	rest.	BETWEEN	ONSET AND DEATH
ON SI 24 HO ITEM I ICNG ICNG PERM GIENE			IMMEDIA	TE CAUSE (a)	AS A CONSEQU	ENCE OF	aimo.	1	7 // '	034		
WHY AND		Condition	is, if ony, which	502 10,00	A0 A CO. 10EQ0	- 74	5. C.	110				
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL ETS SHOULD BE USED AS A BUILE EDEPARTMENT OF HALTH AND ROT FROM TO BURIAL, CREMATIVE	7	PARI Z UIMER SIL	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT KELATED TO	INE TERMINAL DISE	AZE OR CONDITION	GIVEN IN PART 1	0.			
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ION DE LE CONTRACTOR LA CONTRA	MEDICAL	CONTRIBUTION	NG CAUSE OF			19	OCUTION					
VIS 3 S 1 PR	AED AED	216 INJURY C	NOT WHILE IT		OF INJURY (AT) TORY, FARM, ETC.)	OME, ZIT. L	OCATION STREET		CITY OR TOW	4	COUNTY	STATE
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N S A S E A		death resulte	ed from Natu	ral causes X	Accident .	Suicide [, Homici	ide	Undetermined man	ner ,		
KKAN FREE WITH ARY			111	11	1)	TITLE S	ECIFY)				11
HI OOM	4	ACTUAL SIGNATURE	11/1	llan.	1 got	-	M.D.A.V	gutes	MEDICAL EXAMI	NER SK	GNED 6	12/85
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SA S		(TYPE OR PRIN	NAME Willi	am P. Jones	, M.D.		_ADDRES 69	5 Americ	a Crt., Da	vidsonvill	e, Md. 2	1035
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	ION, REMOVAL			OF CEMETERY	OR CREMATO		23d LOCATION CITY OR TOWN		COUNTY	STATE
	(5	Burial		June 4, 85	Maryla	and Vet	eran Ce	em	Crownsvi	lle A.	.A.	Md
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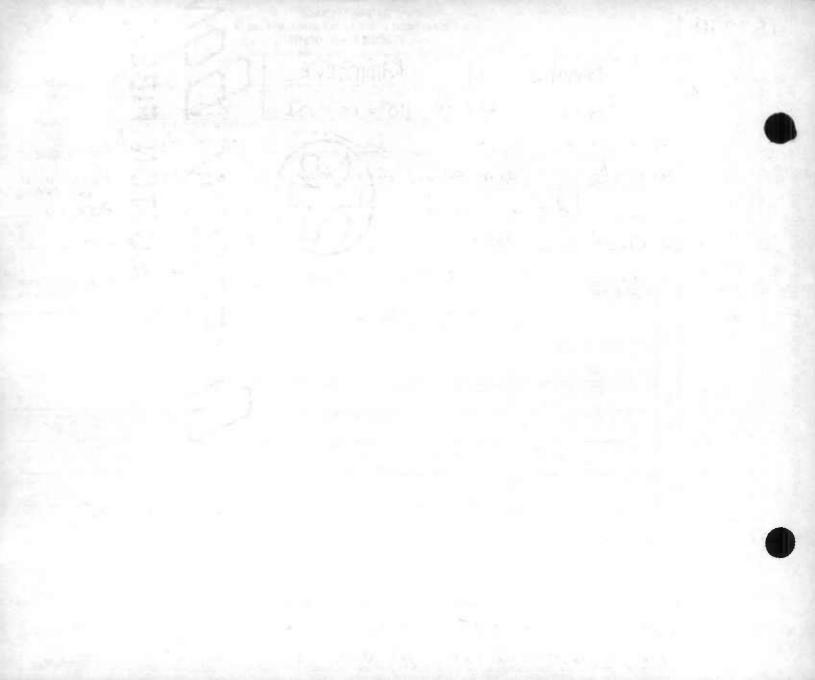
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2 ed yo		CEASED NAME FIRST	MIDDLE MIDDLE A. RACE	7	AST DE BIRTH	20. DATE OF DEATH 9 Jun 8:	MONTH DAY YEAR 26 HOUR M THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 m director, s		Mak	Cau < 76 CITIZEN OF WHAT COUN	TRY? 8	e 10 1896	88	YRS. DAYS HOURS MIN.
deoth.	(Michigan TY OR TOWN OF DEATH	US A	MARRIE WIDOWI	D DIVORCED	Anne	Andel MD ION 126, KIND OF BUSINESS OR
4.90	1	Severn	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		O Sable 2	
1136	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN	ITY ISE CITY OR		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	ray bird Ct
		Willis	MIDDLE LAS		15. MOTHER'S MAIDEN NA	MIDDLE	Raymond
Pod 6		VAS DECEASED EVER IN U.S. ARI VES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL (19-10	SECURITY NO. D-2886	Daughter	Some	as deceased
tufscate I physicis on papers on papers oversit, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	D RV.	io pulm	onary arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THOU
death ce otherding trending from or r		Canditions, if any, which	DUE TO, OR AS A CONS	EQUENCE OF	c eardiovo	scular dise	ease unknown
that the case remains a combat to		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF			
equires Then plan e to burn injury, o	NON	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM		IDITION GIVEN IN PART 1(a)
he jaw i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CLAN. T a physical and-transi mal Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART 2)
G PHYS intending er this or the burn and Mer ked or is	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, O		21f. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
TENDIN the or or or tendent filtedth		220.1 certify that (1) this haspi	tal) attended the deceased for Jun.	rom 00234	nd that in (my) (our) apinion	to 1013am	9 July, 19 55, that (1) (we) last late and have and from the causes stated
the hosp the hosp to DIRECT to Ched for the Dept. or		22b. SIGNATURE	lotten	M!	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	
TO HOSPITAL of the control of the should be deto with the Stote (IMPORTANT: IMPORTANT: I	1	22d PHYSICIAN'S NAME (TYPE O	hett, II, MO, M	ai MC US	22e ADDRESS		t. G. Meade, MO 207 55
BP		BURIAL, CREMATION, REMOVAL		<u> </u>	EMETERY OF CREMATORY	236. LOCATION	RIF MIL
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR ACCRES LA TUNERA	1 Home ADD	RES LENGER Li	IND 250. 50	Nº 1º 2º 1985	THE PART OF THE PA



STATE OF MARYLAND 182060 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH YEAR 26. HOUR page 3 er death (TYPE OR PRINT) anche 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 70. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PNNJYIUANIG WIDOWED OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS ITYPE OF WORK FOR MOST OF WORKING LIFE! House Wife GENPA SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20 13a STATE CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? -60 6020 FATHER'S NAME MIDDLE Rouch WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 17 INFORMAN' (IF YES, GIVE WAR OR DATES) N-A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00

ronsit HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) Pop NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the accessed alive on above, (1) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE THE DATE SIGNE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT hould be out 124 PHYSICIAN S NAME ATTYPE OR PRINTS 77e ARIDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATOR STATE BP. 25a DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VRA 15, 4)

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043	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 5 1	5 / 9 9
	1. DECEASED NAME FIRST (TYPE OR PRINT) Mary	Willis Ke	emp LAST	June 2, 1985	AY YEAR 26 HOUR
ato s	3. SEX Female	4 RACE White	5. Date of Birth "Jan. 26 1905"		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
33	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UIDOWED NO DIVORCED	9 BALTIMORE CITY OR COUNTY O	
MC	Severna Park 21	11. NAME OF HOSPITAL, NURSING THE STREET A STREET A THE STREET A STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OF
35	130 STATE N3b COL	or other institution give residence before INTY 13c, CITY OR TOWN Eastpoil	1 134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 7826 Eastern At	e. 21224
130	14. FATHER'S NAME FIR HOWARD	*Moffett LAST	15 MOTHER'S MAIDEN NA	Knorr MIDDLE	LAST
medico	160 WAS DECEASED EVER IN U.S. A (YES, NO 08 UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECUL SIVE WAR OR DATES) 23.2 26		rtin, Daughter	Same
event, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for 101, 161, and SED BY. ATE CAUSE (a) Malign	ant meroder	wal turnor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
her froumatice	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	TE OF Endone abdurerna	metastasis	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 705 late CERTIFICATION 8-usel 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOE YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY OFFICE FARM ETC) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on solve the body after death and that in (my) (sur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 6/3/85 DEGREE ellus MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 22e ADDRESS Enrique A. Herrera, M.D. 620 Eastern Blvd. Balto. Md. 21221 23e. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Baltimore Co., Md. Turial 6/6/85 STATE Oak Lawn Cemetery 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

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TO FUNERAL DIRECTOR:

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DHMH - 16 60M 7/84

and Mental Hygiene priar to burial

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IMPORTANT: If Item 21 is

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

		OR PRINT)	FIRST	v /	MIDDLE LAST				20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR					
H	1 5EX	Chal	1185	RACE		Nene	RSON	16	AGE (IN YEAR	6-6	16 - 85	IF UNDER	A M	
	n	n ALE		LAUCAS			ch 30, 191	7.	68	J. Z. YE	MONTHS DAYS	MOURS	MIN.	
7		RTHPLACE (STATE OR F COUNTRY)	OREIGN 7b.	CITIZEN OF W	HAT COUNT	RY? 8 MARRIE	D NEVER MARK	RIED - 9.	BALTIMORE	CITY OR COU	NTY OF DEATH			
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10 CMY OR TOWN OF DEATH 13 ILLES IDENCE IT NURSING HOME OR 14 ILLES IDENCE IT NURSING HOME OR 15 IL				ALIE NOT IN SUCH	ACILITY, GIVE ST	REET ADDRESS	neral Hos	4 . 4 (TYPE OF WORK FO	Direct	G LIFE) INDUSTR	of Kusin Iarke		
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1	14. FA	THER'S NAME	MID	DLE	LAST		15. MOTHER'S MA	IDEN NAME		AIDDLE		AST		
1		Char		J.		nerson	Cath	erine			Gi			
1		VAS DECEASED EVER (ES YOUR UNKNOWN) YES		D FORCES? AR OR DATES)	166 SOCIAL SI	1469	17 INFORMANT Gladys Ke	Gaith enerso	ersbur n 19014	g, Mary Montgo	rland 208 mery Vi	79 llage	Ave.	
		8 CAUSE OF DEAT PART I. DEATH W	H Enter only o	Y:	ine for (o), (b)	and icing	Paul	uns	2		APPRO BETWEEN	XIMATE INTE	RVAL DEATH	
		Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)									ino			
	MOIT										GIVEN IN PART YES, WERE FIND			
2	CERTIFICATION	THE DATE OF CHERA	11014	IN CONDI	ION TON WIT	A FOR WHICH OPERATION WAS PERFORMED					RTIFYING CAUSE YES [TH?	
Î		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19) (ENTER NATUR	e of injury in item	18 PART 1 OR PART 2)			
1	MEDICAL	21d. INJURY OCCUR	OLE TO	21e PLACE C	PET PACTORY, OFFI	ICE, FARM, ETC)	21f LOCATION STREET		C	ITY OR TOWN	COUNTY		STATE	
		22a.1 certify that (1) sow the decease above (D(we) (c	ed olive on	6-20	51	9.85,01	nd that in any lour	opinion dec	to 6	on the date and			we) lost oted	
,		22b. SIGNATURE	m	10/0	//	nn	PHYS		MEDICAL DIRECTOR [STAFF PHYSICIAN	6-	26-6	85	
		22d. PHYSICIAN'S NA	AME LITTE OR PE	011	MD		22e ADDRESS	elda	of Be	90 P	npal	E		
		urial, CREMATION, SPECIFY Cremation		23b. DATE 6/28/	85	Ceda	EMETERY OR CREM r Hill Cre		7	iitland,	Marylan	a	STATE	
	74 FU	Tvådn Whee 1331 Rock	eler Fu ville P	neral H ike, Roc	omeI kville,	nc. Maryla	nd 20852	25a. DATE R	03 19	STRAR 251 REG	GISTIVAR SISIGNA	Helinos	22.	

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00404	1	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL HYG	GIENE & SANAIS	1 5 0 0	
68101	1	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0	1
		CEASED NAME FIRST	HEDIE M	1/		MONTH DAY YEAR 26	HOUR
oy be ange 3 death	(TYPE	OR PRINT)	La Maral Autori	H. KiNA		6-485	11396
pag prode	3 SE	X F	4 RACE	3. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 2 HRS
tor.		Kemalic	1,44115	MONTH DAY YEAR 5	09	MONTHS DAYS HO	OURS MIN.
dire ours	70 B	RTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMOPE CITY	OR COUNTY OF DEATH	
the Table	D	OUNTRY)	11 90	MARRIED NEVER MARRIED	1		
thin thin	10 6	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL MURSIN	WIDOWED DIVORCED DIVORCED GHOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	runner co	MD.
	A.	LIA DE M	(IF NOT IN SUCHE CILITY, GIVE STREET		(TYPPO WORK FOR MOST C	OF WORKING LIFE) INDUSTRY	
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4 9 6 P	130	AL RESIDENCE (IF MURSING HOME OR 13b, COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS	/ ZIP CODE 2.1037A	URSIN
2 5	10	C. AA	CO Esquisa		MeasA	Nthiving	1+0 me
orthin 2 sh 2 sh	14. F/	THER'S NAME	MIDDLE AST	15. MOTHER'S MAIDEN NA	ME		
mple ond	1	HOMAS	ME DONNE	LL CATHS	RINZ	MANG	AN
execution of the second of the		VAS DECEASED EVER IN U.S. AR.		RITY NO. 17 INFORMANT	ADDRI	S Patomag	RD.
Pog Peg	- {	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	RICHARD A.	KING CN	SEWATER M.	D 2100
he reserve		TO CALISE OF DEATH Services	ly ane cause per line far (a), (b), and		CIM-9-2-111	APPROXIMAT BETWEEN ONSI	EINTERVAL
ficate physic pape naval		PART I. DEATH WAS CAUSE	D BY:	1		BETWEEN ONS!	I AND DEATH
ng k ban r ren		IMMEDIAT	E CAUSE (a)	is injustice)			
e death t attendi nave coi iatian, a		0.10	DUE TO, OR AS A CONSEQUE	NCE OF			
ne dea emere mation		Conditions, if any, which gave rise to immediate	(p)	melendo			
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+ P = 0 7			(c)	•			
equires n signe Then pl	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11a	
	CERTIFICATION	yemen	ms p	y from a	I so autonova	Ton JE VES WERE ENIONIS	
- v o o v	S.	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
The rician re ho sit pur show	E	20			YES NO		40 🗆
Sylve Signature	a contract of	2) CCIDEN WAS UNDERLYING CAUSE OF DEA		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART (OR PART 2)	
SiCIAN og ph certifii riol-tr entol i	MEDICAL	(U. HEUR LITHY MEDICAL EXAMINER		19			
PHY:	B,	CURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
offer ter thought the hon	~	JA A TO MOULE [, , , , , , , , , , , , , , , , , , , ,				
ADIN Or Or Ose o		that (I) (this hospi	tal) attended the deceased from	, 19_81		19 65 , that	(we) last
TTEN Pirto TOR for u	h.	the deceased give an	New the bady after death.	, and that in (my) our) opinion	death occurred an the d	ate and haur and from the cau	ses stated
has has liked lept.	110	ZINGNATURE V	1 / death.	DEGREE		221 DATE SIG	NED
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TO HOSPITAL etoined by to TO FUNERAL should be detined the Store with the Store IMPORTANT:		30 sein 1	Friend	201 Kid.	sels he	e Annoulis	u/
of of short of	220 0	SURIAL, CREMATION, REMOVAL	J. J Flend	AME OF CEMETERY OR CREMATOR	1230 LOCATION	C MINCAPILO,	1
n n	230	SPICIFY) A / A /	6 10 /85 P	DI LIVITANI AT	LITY OR TOWN	LOUNTY	STITE
BP	24 51	JURIAL DIRECTOR	10/10/17	CLINGION IVA, CAN	E REC'D_BY REGISTRAR		UVA.
DHMH - 16 60M 7/B4	7	NAME	Ago Ess	110 DAI	N 1 3 400E	251 REGISTRAR'S SIGNATURE	delle
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN: The law requires that the death certificate to except of the hallthe spital or ottending physicion.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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	REGISTRAR		CERTIFIC	AIE OF DEATH	REG. NO.		- 4
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	, 14		20 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
	Cat	rue.	K	OR	June 9	,1985	4
	3. SEX	4. RACE	5 DATE OF		6 AGE (IN YEARS LAST BIRTHDA		
	Female	White	Mar	ch ⁰ 12,1895	90	YRS. MONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
2	Sudley Md.	USA	WIDOWED		l Anno Ani	ındel	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
	Crownsville	Fairfield		Home	Homemaker	HOU	isehold
2	USUAL RESIDENCE HE NURSING HOME OF 130 STATE 136 COUNTY A . A	Co. Ha	OR TOWN	3d Inside City Limits? Yes \(\text{NO } \(\frac{1}{2} \)	130 STREET ADDRESS Harwo	od Rd 20	776
1	Morgan McCa	wiley W	ayson	Mary	Ellen	Brickf	fead
	160 WAS DECEASED EVER IN U.S. AR		-74-3896	Donald (C. Kolb Har	wood Md.	20776
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CO	NSEQUENCE OF	S. C. V. E OT RELATED TO THE TERM BYTNA	> ,	ON GIVEN IN PART 1	(a)
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20 IN	6. IF YES, WERE FINDS CERTIFYING CAUSES YES	INGS USED S OF DEATH?
7	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	TIE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN		110 L
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		If LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this hosping saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	14 MAY	19 .\$5 , and		, ta Julie death accurred an the date a	ind hour and from the	
-	22d PHYSICIAN'S NAME (IVPE O	P PRINTI	D, M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	120	signed ~85
4	William P.		D.	Annapol		ind	
	230 BURIAL, CREMATION, REMOVAL	23b. DATE 6-11-85	Christ	Church	23d LOCATION WESTEWNRiv	er county A	M date

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carban papers with the State Dept; of Health and Mental Hygiene prior to burial, cremotion, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR
T. A. Hardesty

Annapolis, Md. 21401

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate leaving ed within 24 hours ofter death. Page 4 may be abrined by the hazartal or attending observation	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the fursist director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages and 3 haud buriol-transit permit. Then please remove corbon pages. Pages and 3 haud buriol-transit permit. Then please remove corbon pages. Pages and the fundamental Hygiene prior to buriol, cremation, or removal.
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CERTIFICATE OF DEATH		REG. N	0.				E
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	5		5	8	0	-
STATE OF MARYLAND							-

REGISTRAR		CERTIFICA	IL OF DEATH	REG. NO.	EDT
1. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MON	TH DAY YEAR 26. HOUR
	NLEY JOSEPH	KOSMACI	ζ	JUNE	29. 1985 1229 PM
3. SEX	4 RACE	5. DATE OF BI	RTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	(1) IF UNDER LYEAR IF UNDER 24 HRS
Male	Caucasian	5	4 17	68	YRS
To. BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
Maryland	U.S.A.	WIDOWED	DIVORCED [ANNE ARI	INDEL COUNTY MD.
0. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME OR O		12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
GLEN BURNIE	NORTH ARUN		FAT.	Accountant	Fed. Govt.
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	
	A.A. Hanov		S NOX	6984-6990 F	
14. FATHER'S NAME			MOTHER'S MAIDEN NA	AME	
Julian	Kosma	ck	Anna	WIDDLE	Redyk
160. WAS DECEASED EVER IN U.S.		SECURITY NO. 17.		anover, Mary	
(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 217-0	9-6722 H	Helen Kos		-6990 Ridge Rd.
	only one couse per line for (o), (b		TOTON NOS	mack 0504	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL	ISED BY	Cire	12 400 =	La Maria	BETWEEN CHOSET AND DEATH
IMMED	IATE CAUSE (o)		were /	Juneary	
C	DUE TO, OR AS A CONS	EOUENCE OF	0 - 50 - 20	Thomas	
Conditions, if any, which gove rise to immediate	(b)	,	77 70 70	101.700.5	0 3 1 7
couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	EOUENCE OF	ASHD		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NO	I RELATED TO THE TER	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART 11g
	T CONDITION O CONTINUO CONTINU				
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATION W	AS PERFORMED		b. IF YES, WERE FINDINGS USED
PE				YES TO NOT	CERTIFYING CAUSES OF DEATH? YES NO NO
21a. ACCIDENT WAS UNDERLYING			HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
OD COLUMNIAN OF CALLER OF		DAY YEAR			
(IF EITHER, NOTIFY MEDICAL EXAM) 216. INJURY OCCURRED	21e. PLACE OF INJURY	211	LOCATION	*****	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
	spitol) attended the deceased for	rom £ 2	9 1925	10 6:29	. 19 25, that (I) (we) lost
sow the deceased alive	on 6, 29 n	13	ot in (my) (our) opinion	death occurred on the date o	and hour and from the couses stated
22b. SIGNATURE	not) view the body ofter deoth.	DEG	REE		22c. DATE SIGNED
	12	Te un	ATTENDING	MEDICAL STAFF TO DIRECTOR PHYSICIAN	6.29.85
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)		ADDRESS		
			-	18 SOUTH CAMP	MEADE ROAD
230, BURIAL CREMATION, REMOV		234 NAME OF CEASE	TERY OR CREMATORY		21090
(SPECIEX) Cremation, REMOV			Cremato	CITY OF TOURS	lle (Balto.) ATE M
24. FUNERAL DIRECTOR	7 = 00			TE REC'D. BY REGISTRAR 25b.	
NAME	inls Clan Bush	RESS MA	111	1 01 1000 12	
Raymond C. F:	THY GIGH BALL	ite, Ma.	TOOT 1	- U - 1900 II.	a Davidson Randala

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	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20: DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
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ge 4 m	3. SE	Emple	WHITE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HR
od pl	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	7? 8	9 BALTIMORE CITY OR C	OUNTY OF DEATH
deor	m	ARTLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		UNDEL COUNTY
11114	10 C1	GLEN BURNIE	NORTH ARUND	ING HOME OR OTHER INSTITUTION ET ADDRESS) EL HOS PITAL	12a USUAL OCCUPATION (TYPES WORK FOR MOST OF WO	DRKING LIFE INDUSTRY
95	USU/ 13g S	AL RESIDENCE (IF NURSING HOME OF LATE 136 COUR	NTY CO. 131 CHY OR TO	ORE ADMISSION) 13d. INSIDE CITY LIMITS? YES NO NO	ADDRESS / ZII	CODER 2106
1 5 5 5 C	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
. + 0	_/	MARTIN L	ABENUZIE	SKI UNKN		
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: 4 4 6 6		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY: - 1/19	ed to	D- 16	APPROXIMATE INTERVAL
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he law ion. has be to be	CERTIFICATION	190. DATE OF OPERATION	198 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN, Th ding physicia s certificate b bund-transit Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
SHC1/ Ng p Certification of the management of th	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	.,,,,	19		
OING PHYSICIAN. The law requires that the death certion attending physician. After this certificate has been signed by the attending person the burial-transit permit. Then please remave corban of the After this certificate perior to burial, cremation, or remained them 18 shaws any injury, or other traumatic expensive to the province of them.	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Do de DE			tal) attended the deceased from	1900	, to	, 19, that (I) (we) la
TTEN Pirtor for us of He		sow the deceased alive an	1) view the bard offer death.	5 , and that in (my) (our) opinion	death accurred on the date of	and hour and from the couses stated
has has liked ept.		22b. SIGNATURE	Twew me distribution.	DEGREE		22c. DATE SIGNED
		71.10	1	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	
- 0 11 0 15 4		224 PHYSICIAN'S NAME (TYPE O	PR PRINT)	72e ADDRESS 3	236 MOUNTAIN	ROAD
TO HOSPITAL retained by t TO FUNERAL should be det with the State		HAM TO TOWH	IDIAN, M.D.	PASADEN		21122
	23a P	ORIAL, CREMATION, REMOVAL		MAME OF CEMETERY OR CREMATORY	23d LOCATION	OUNIX CALLET
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(F)		REGISTRAR CEASED NAME FIRST	WIDDLE	RTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b HOUR
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may fer	3. SE	X		ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
oge 4		Male	East Indian	8 9 26	58 YR	MONTHS DAYS HOURS
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24 hou filled in ould be	USU 13a.		SE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OF TOWN SEVERN	13d INSIDE CITY LIMITS? YES NO	1939 Foxhound	Court 21144
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te be executician and a pers. Pagess al. the medica		YES, NO OR UNKNOWN) (IF YES	219-36-9346	/// Dr.	Myong Won Kahno	g - Same as #1
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OSPITAL C ed by the UNERAL D d be detac the State D RTANT: If		22d PHYSICIAN'S NAME (TY	Mholan M PEORPRINTI FALASIH	ATTENDING PHYSICIAN 5 22e ADDRESS DT U	MEDICAL STAFF DIRECTOR PHYSICIAN	6-4-85
to HOS etained TTO FUN should be with the MPORT		1		225.1	Green st	Baltomor
BP		BURIAL, CREMATION, REMOV (SPECIFY) Removal	236 DATE 236 NAME 6/3/85	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STAT
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be presented by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical directing in ly filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon paper. Particles is hould be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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0		OR PRINT] GEORGE	ANTHONY		BIASI		20 DATE OF DEATH MON		26 HOUR
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death. Page funeral direct thin 72 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUN	MARRIE WIDOWE	DEN NEVER M	AARRIED	9 BALTIMORE CITY OR CO		TY MD.
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(XQ)	14 FA	THER'S NAME FIRST James	MIDDLE LASS	asi	15 MOTHER'S	FURST	ME	- Putr	afesa
	16a V	VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (15 YES, GIV YES	MED FORCES? 166. SOCIAL (F. WAR OR DATES) 215-14	SECURITY NO. 1-0298	17 INFORMAI Betty	F. Lam	ADDRESS biasi Same	as 13e	
rtificate by physician popularian		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line to pol, (b) BY:		10 and	ial i	waithin		MATE INTERVAL ONSET AND DEATH
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ton. the low r ton. those bee it permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY? YES NOT	P YES, WERE FINDIN CERTIFYING CAUSES YES	NGS USED OF DEATH?
IYSICIAN: The ding physicic state of the physicic of the physi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
OING PHYS or ottendir After this e as the bu olth and M marked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
R ATTENDIN hospital or RECTOR. Ai hed for use of pept. of Healt		220.1 certify that (I) (this hospi	6 / D	741	nd that in (my) (_, 19 (aur) opinion o	, to deoth accurred on the date o		that (I) (we lost couses stated
y the ho y the ho (Al Dire detoched ote Dept		THE SIGNATURE	KH	7-		TTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE	SIGNED
TO HOSPITAL OR retained by the HTO FUNERAL DIR should be detach with the State Degramment in the State Degramment in the State Degramment of the State		DR. SANG K	HAN, M.D.		22e ADDRES	DENTON,	13 OLD ODENTO MARYLAND 2:	ON ROAD 1113	
BP	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Entombment	23b. DATE 6/12/85	23c NAME OF C		emetery	23d LOCATION CITY OR TOWN Baltimore		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU Ge	orge J. Gonce	4001 Ritchie	Hgwy Ba	lto Md	JUN JUN	REC'D. BY REGISTRAR 258.	REGISTRAR'S SIGNAL	ander.

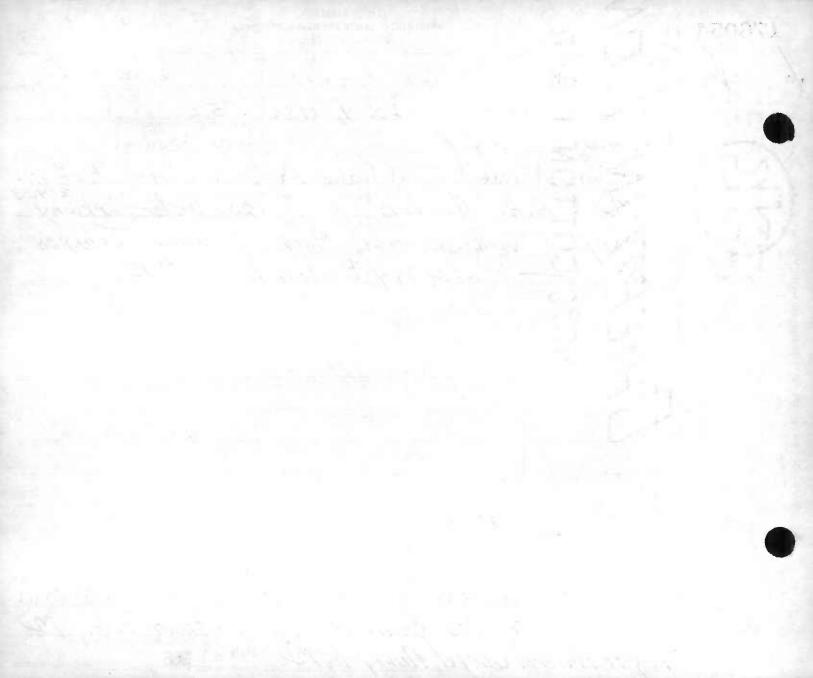
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Thereto 4	74.85	AGLE IN LACE (STATE OR FOREIGN	White Th. CITIZEN OF WHAT COUNTRY?	Dec. 9, 1932	52	YRS. DAYS HOURS MIN.
deoth.	W	YOMING	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne AR	uncel "
by the	10 9	WHAD LUS	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION (V) OF WORK FOR MOST OF A	ORKING LIFE) INDUSTRY
24 hou	USUA 130 S	RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	The model con the control	13e.STREET ADDRESS / Z	or Parkway
/X2/	14 FA	THER'S NAME	AIDDLE 1/py Roman	15. MOTHER'S MAIDEN N.		V Johnson
		(AS DECEASED EVER IN U.S. ARA ES, NOOR/INKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS	# 13
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quires the signed hen plee to buria njury, ar	NC	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1 to
The low residon.	CERTIFICATION	19a DATE OF OPERATION	. 196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN: The ding physicions is certificate burial-transit Mental Hygien Illan 18 sho		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		YEAR 19	RRED (ENTER NATURE OF INJURY H	NITEM 18 PART OR PART 2]
ING PHYS r offendin After this cas the bur Ith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Da , a o E		sow the deceased alive on	al) ottended the deceased from_	, 19, ond that in (my) (our) opiniar	ta, ta	and hour and fram the causes stoted
OR ho		obave, (I) (we) (did) F	view the body ofter death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE/SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be detoo with the Stote I MPORTANT: If		224 PHYSICIAN'S NAME (TYPE OF	2	220 ADDRESS	. == 0	
-1.45	23a 8	MAL, CREMATION REMOVAL	23b. DATE 23c. DATE 23c.	AME OF CEMETERY OF CREMATORY	23d. LOCATION	mapalis MD2140
BP		NETAL DIRECTOR	10/20/03 1	EUAP MIII	ATE REC'D. BY REGISTRAR 251	U 1, U. 12



		STATE OF MARYLAND	4 (3
172106	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	3 1 0
2.79200		DECEASED NAME FIRST MIDDLE LAST LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	19EN AMIN LAW VENCE DEATH MATED	19 M DAY YEAR 2d HOUR
DIRECT PA		M Neg. MONTH PAY 38 14 TYPER LAST HOURS AND PRONOUNCED DEAD 6	15,85 083
CISSE CHERAL CHE	7a B	BIRTHPLACE (STATE OR FOREIGN COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY)	Y OF DEATH
A SERVED	/ III. C		MD. 126 KIND OF BUSINESS
300	1	DENTON GIRDOLLA AVMY. FORMALLER ADDRESS) AVMY. FORMALLER PHISIONERY	OR INDUSTRY
(14)	13a. S	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY A 136. CITY OR FOWN YES NO SA 136. STREET ADDRESS. YES NO SA 137. STREET ADDRESS.	ton Aug
1 2 2 2 0	V	FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE	O IAST
A A A GES	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 2640 ADDOSTIVE	St. Boltiml
RS AFTE GIVE F WITH FC PAGE DIVISIO	L	(YES, NG, ORUNKADWA) (IF YES, GIVE WARDINGATES) 215-34-9162 JOE ATIEN W	1991103
		CAUSE OF DEATH (Enter only one cause per line far (a), (b), on (c) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ITHIN 24 OCL IN ITE VER ALC VER ALC ALC VER ALC VER AL		MMEDIATE CAUSE (o). (DUE TO, OR AS A CONSEQUENCE OF	Tom
IDS, 201 W. PREST WECUTED WITHIN VG". IN EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMO		Canditions, if any, which gave rise to immediate cause (a) stating the under-	
UTED WITH UTED WITH IN PENCIL EXAMINER RAL-TRAN O MENTAL!		lying cause last.	
	Z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
TAL RECO HOULD BE I RD "PENDI HIEF MEDI USED AS A USED AS A	Z V	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ASSESSED OF THE PROPERTY OF TH	FI	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED JENTER NATURE OF INJURY INJURY IN THE ALER DARD LORD PARTY.	YES NO 🔼
CERTIFICATE TING THE W SED TO THE 3 SHOULD DEPARTMEN I PRÍOR TO	MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	RT 2)
2478£	MEDI	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	UNITY STATE
VER: THE PORTY PORTY PARTY PAR		22a. I certify that I taak charge of the remains described abave, held an Autopsy . Inspection . Inquiry . Inquiry . and in my op	pinion
EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE 8		death resulted Iram: Natural causes Accident , Suicide , Hamicide Undetermined manner ,	0
THE CITY OF THE CI		ACTUAL SIGNATURE ALLERAMINER SIGNE	15 de 85
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST	A	EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville,	MH. 2035
	23a. E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	
BP	24. F	Buria 6/19/85 Garrison tovest UA Owings mill FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	
(VR A15 ME (5))	L	Drn. C. march E/H 1101 E. North Ave JUN 19 mg 115 M	Worker ADD



(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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176056	1	FOR STATE	DEPARTMENT OF	ATE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 5 !	5 8 1 2
		REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	
XV		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUSE
poge 3	(TYP	CHARLES	Carroll	LEE	6-16-	-85 /3
may pog	3. SE		4. RACE 5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 after	1	Male	White De	C. 24.1900	24 yrs	MONTHS DATS HOURS MIN.
2 43 //	7a. B	RTHPLACE (STATE OF FOREIGN	THE CITIZENI OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT	Y OF DEATH
4 12 B	K	la ruland	U.SA WIDON	NED NEVER MARRIED DIVORCED	Anna Oni	au an laba
1 2 4	10_C		11. NAME OF HOSPITAL, NURSING HOMI		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
	10	120001116	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	- Deal Hout	(TYPE OF WORK FOR MOST OF WORKING L	
120	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	neral Hospital	Cwner-Tresiden	
ORE, MARYLAND 2 cxequred offining 23 op- mit combined mod gent over 2 obported official is compare remains	130.	STATE 136 COUN			13e.STREET ADDRESS / ZIP COD	E C+21037
	14 E	ATHER'S NAME	H L-dgewater	YES NO NO NO.	ME LOIDOUN	DIRECT
(13/N)/			AIDDLE	FIRST #	WIDDLE	CI LAST
1000		Joseph	Lee	Minnie	ADDRES 0 . A	Chancy
OK THE STATE OF TH	160.	VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECURITY NO	. 17. INFORMANT	ADDRES 941	Maryland Hre.
W 4 54 4		NO .	214-050-90	Mary Carrol	1 Leet-deewo	
BAL South		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one cause per line for oi, (b), and (g)	00	5 0	BETWEEN ONSET AND DEATH
ST.			CAUSE (0)	Julmons	un contracte	a lh
No the contract of the contrac			DUE TO OR AN A PONSEQUENCE OF	l. La llean	LDIE. C.	70-
deg deg		Canditions, if any, which gove rise to immediate	(Wall	we years	your	171-
4 4115		cause (a), stating the	DUE TO OF AS PONSEQUENCE OF	000 0 B	H	70
that the same		underlying couse last.	1 Jenere	er gene Octo	4 consumous	1 900-
S, 20	7	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION OF	VEN IN PART 110
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low reproperties to be properties on the prior was any managed to the prior of the	ĕ O	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ON WAS PERFORMED		6, WERE FINDINGS USED / IFYING CAUSES OF DEATH?
TALR The I cron. te has ssir per giene shows	E				Rest -	ES NO
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		R 21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
SICIA ng pl certif miol-t entol	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	" I I	,		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Otter of the honor	1	AT WORK NOT WHILE		D1	2 1 1/	05
NDIF I or I Use ouse of feolth			al) attended the deceased from	19 /	to June 10	19 bo . that (1) (-) last
R ATTER hospito hospito hespito hed for of the ppt. of them 21 is		saw the deceased alive an obave, (1) (we) (did) (did no	14 June 19850	and that in (my) (aum) apinion of	death accurred on the date and had	ur and from the causes stated
V 2 7 9 7		76 SIGNATURE	7, 0	DEGREE		221. DATE SIGNED
. 4 . 5		July 1. V.	Julan Seg.	MIA ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	0-16-03
	1	22d. PHYSTOTAN'S NAME ITYPEO	PRINT)	22e ADDRESS	01 10	. /. /
TO HOSPITAL TO FUNERAL should be del with the Stork		TARY III, K	ChARdson, MD	104 FOR BPS-	TREET HON	Apolis, MC
ot ot other with	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF	CEMETERY OR CREMATORY	236 LOCATION	
BP		Surice	Tune 19 19851 Hill	crest	Annapolis	AA MD
	24 E	UNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	25a DATI	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	tro	ylor Funera	Chapel- floog poli	S.M.D JUN	21 1005	
		a.c. innere	- Carpos Innapar		Jump all	Wilden's - Maryle 181

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CERTIFICATION

- STATE

STATE OF MARYLAND DEP

	4. 3	9
ARTMENT OF HEALTH AND MENTAL HYGIENE	0	0
CERTIFICATE OF DEATH		

REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) HELEN **EVA** LORY 12,1985 JUNE 5. DATE OF BIRTH 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 2 LMRS JULY 24,1904 WHITE FEMALE 80 YRS TO BIRTHPLACE I STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEW YORK U.S.A. ANNE ARUNDEL WIDOWEDX DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY GLEN BURNIE ARUNDEL GERIATRIC NURSING HOME HOMEMAKER OWN HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE

CITY OR TOWN 13d INSIDE CITY LIMITS? MD GLEN BURNIE 12 CHESTER CIRCLE A.A. A FATHER'S NAME 15 MOTHER'S MAIDEN NAME JESSE MIDDLE

ANNIE

MIDDLE Ε. HOLTZ

160 WAS DECEASED EVER IN U.S. ARMED FORCES IYES NO OR UNKNOWN! LIF YES, GIVE WAR OR DATES! NO N/A

W.

166 SOCIAL SECURITY NO 212.44.1276

MOTT

(DAUGHTER) MRS. GLORIA L. HEINS

SAME AS #13

20h IF YES, WERE FINDINGS USED

COUNTY

STATE

21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one couse of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSE underlying couse

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	I WAS PERFORMED
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED

IN CERTIFYING CAUSES OF DEATH? NOT NO [YES [(ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

ADDRESS

LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21f LOCATION

20a AUTOPSY?

22a. I certify that (I) (this haspital) ottended the deceased from

CITY OR TOWN

22b. SIGNATURE

and that in (my) (our) apinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE

22d PHYSICIAN'S NAME

22e ADDRESS

ATTENDING

12/8 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

3 a		CREMATION, REMOVA	L 736 DATE
	(SPECIFY)	CREMATION -	TUNE

13C NAME OF CEMETERY OR CREMATORY 13,1985 SECURITY PROCESS, INC

CATONSVILLE

BALT. MD

24 FUNERAL DIRECTOR

SINGLETON FUNERAL HOME GLEN BURNIE, MD.21061

23d LOCATION

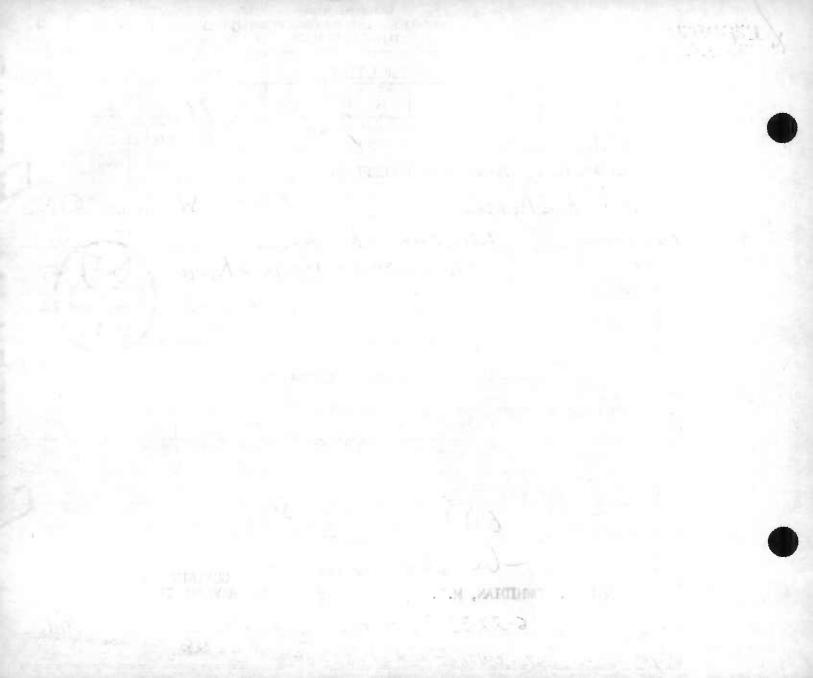
250. DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNA

DHMH - 16 60M 7/84 (VRA 15, 4)

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- STATE

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



78045	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 5	15	8 1 6
be oth		CEASED NAME FIRST OR PRINT)	WIDDLE	MACK	ELL		MONTH DAY	185 10:00 P
oge 4 moy	3. SE		1 RACE BLACK	10.0	OF BIRTH DAY YEAR 22	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER MONTHS YRS.	DAYS HOURS MIN.
(6)	MA	RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	16 CITIZEN OF WHAT	COUNTRY? 8 MARRII WIDOW	ED NEVER MARRIED [BNNE AR	ECOUNTY OF DEA	CNTY ME
100	A	TY OR TOWN OF DEATH	418 SECO	Y. GIVE STREET ADDRESS)	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		KIND OF BUSINESS OR USTRY
khould be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE) 13b. COU	DR OTHER INSTITUTION, GIVE RES	TY OR TOWN	13d INSIDE CPY LIMITS?	418 SEC	ZIP CODE OHD ST	,21403
completely 1 and 2 sho		THER'S NAME FIRST FEORGE	MACKE		15 MOTHER'S MAIDEN N	MIDDLE .	FRANKI	LAST
rs. Pages	Y	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES G W.W	IVE WAR OR DATES!	3-14-4028	BESSIE MACI	napolis, Md. KELL 418 Seco		
ng physicion ban papers. r removal.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line for SED BY: ATE CAUSE (o)	SKCINOM.	OF THE	ESOPHAGU	5 2	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ed by the attendin please remove carb riol, cremation, or , or other traumotic		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF	TVO SCIENCE VOLUME			X 60
hysician. icote hos been sign ransit permit. Then Hygiene priar to bu 18 shaws any injury	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		OR WHICH OPERATIO	DN WAS PERFORMED	Z00 AUTOPSY? YES NO PRINCE NATURE OF INJUR	206. IF YES, WERE DECERTIFYING CA	FINDINGS USED AUSES OF DEATH?
his certification or them	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (1F EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MERI P.M.	ONTH DAY YEAR	211. LOCATION STREET	CITY OR TOV		
RECTOR After the deficiency of the deficiency of Health one tem 21 is morked		220.1 certify that (I) (this sow the deceased alive a above, (I) (me) (did) (did)	JUNE 13	108/		on death occurred on the do		
by the ERAL DI ce detocl Stote De NAT: If I	(221 SIGNATURE SIGNATURE	QUAM M	0	DEGREE ATTENDING PHYSICIAN 22e ADDRESS		F	6 23 85
retoined by to TO FUNERAL should be defined with the Store	23a B	URIAL, CREMATION, REMOVA) BRAKE	23¢ NAME OF	2510 RIL	1A (2) # 22	2 AM	MAPOLIS
BP	BU	RIAL .				Annapol Annapol	is A.A. 25b. REGISTRAB'S S	Maryland IGNATURE

Annapolis A.A. Maryland

186. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 25 1985

DHMH - 16 60M 7/84 (VRA 15, 4)

WILLIAM REESE & SONS MORTUARY, P.A.

THE RESERVE AND A STREET

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. N	0.		
	ORANITI	FIRST	,	MIDDLE	Mi	1. Lthe	(1)5	20 DATEC	DE DEATH	MONTH 14	DAY YEAR	26 HOUR
3. SEX			4 RACE	,	5 DATE C	DAY	YEAR		YEARS LAST BIR		IF UNDER 1 YEAR	R IF UNDER 24 HRS HOURS MIN.
MAJ	RTHPLACE ISTATE OR F	ONLICA	BLACE	WHAT COUNTRY?	2	2 24	08	76		YRS.	Y OF DEATH	
(OUNTRY)	OREIGN			MARRIE	D NEVER MA	RRIED 🔲	Action	ORE CITTO	K COOM	al al	30
	RYLAND	711	U.S.		WIDOWE	DAME .	RCED	ADV	e H	NU	Jeic	NO. ME
රිද	1 gewat	er	Pleas	HOSPITAL, NURSIN H FACILITY, GIVE STREET	VINC	Coni	1. Cen		OCCUPATI PRK FOR MOST O			OF BUSINESS OR
130. S	AL RESIDENCE (IF NURS	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CIT	LIMITS?	13e STREET	ADDRESS	ZIP COD	E/11"	764
MAI	RYLAND	A.A	•	SHADYSI	DE	YES 🗌 N	10 🗌	1270	West	River	Rd.	
I FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S		WE	WIDDLE			AST
	WLATER			THEWS		FIE	ACHEL		WIDDLE		MATTH	
	VAS DECEASED EVER	IN U.S. AR		16b SOCIAL SECU	RITY NO.	17. INFORMAN		ido l	ADDA	0764	MATTE	INS.
JY.	YES NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	218-01-9	514	CARROLI	MATTI	HEWS 1	246 5	0704 cott	Town Pa	3
	18 CAUSE OF DEAT	1.5.				Canadioni	, 145111	ן כאפוו.	, ~ + O D	COEC		XIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if ony, gove rise to imm couse io, stotin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT	nediote g the lost. NIFICANT C	DUE TO, OH	TION FOR WHICH	NCE OF SCOREATH BUT	n was perfora	OTHE TERMI	200 AUT	SE OR CON	20b. IF YE IN CERTII	S, WERE FIND FYING CAUSE ES	INGS USED
I CE	OR CONTRIBUTING			FINJURY M. MONTH DA	Y YEAR	21c. HOW INJU	IRY OCCURR	ED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK	RED	21e PLACE		19 ARM ETC }	211 LOCATION STREET			CITY OR TO	WN	COUNTY	STATE
	22a I certify that (1) saw the decease above, (1) (we) (d	ed olive on		19	or	nd that in (my) (a	19 ur) opinion d	deoth occurr	ed on the de	ate and hou		, that (I) (we) last e causes stated
	22d. PHYSICIAN'S NA	les 1	r. K	inzer			Ending Ysician [MEDICAL DIRECTOR			22c. DAT	E SIGNED
	JURIAL, CREMATION, SPECIFY) IRIAL	REMOVAL	23b. DATE			EMETERY OR CR		23d LOC	Y OR TOWN	0.m	COUNTY	STATE 6M A
	NERAL DIRECTOR		CONS MOR	ld. 21401		· · · · · · · · · · · · · · · · · · ·			registrar	1	RAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

morked ar Item 18 shows ony injury, or ather troumotic event,

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate hos been signed by the attent should be detached far use as the buriol-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian,

Statement Constitution of the Marketine Constitution of the Market The second secon A TOP A CONTRACT OF THE PARTY O .54 And all Branches Continue of the Following Continue of the

CERTIFICATE OF DEATH REGISTRAR

AUCASIAN

Mayberry

76. CITIZEN OF WHAT COUNTRY?

4 RACE

A. Arundel

(IF YES, GIVE WAR OR DATES) 1929-70

136 COUNTY

H.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

20	DATE	OF DEATH	MONTH		DAY	YE AR	2b. H
			6-	1	9-8	35	8
6 /	AGE U	YEARS LAST	BIRTHDAY		IF UN	DER) YEAR	FUN

09

MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE) Military

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13c CITY OR TOWN

Annapolis

166 SOCIAL SECURITY NO

13d INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE 270 Providence Rd. 21401

15. MOTHER'S MAIDEN NAME Elta

NO [

Brown

17 INFORMANT Mrs. Helen T. Mayberry - Same as #13

IMMEDIATE CAUSE (a) Massive

DUE TO, OR AS A CONSEQUENCE O

20a AUTOPSY?

Vertebral fractures

90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR 11 XX 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

1985

Subject fell off roof 21f LOCATION

270 Providence Rd, Annapolis, A.A. Co, MD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOT WHILE home 220.1 certify that (1) (this hospital) attended the deceased from

and that in (my

fate and hour and from the couses stoted

AT PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

Conditions, if any, which gove rise to immediate cause (a), stating

underlying cause last

OR CONTRIBUTING X CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased olive an.

21d INJURY OCCURRED

23b. DATE

6/20/85

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION CITY OR TOWN

COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Anatomy Board

Removal

Balto., Md

250 DATE REC'D. BY REGISTRAR 255 REGISTBAR'S SIGNATURE whia Davidson-Randelle

286, IF YES, WERE FINDINGS USED

ICATION



DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE S REG. NO.									
-		CEASED NAME	FIRST	MIDDLE	l l	AST	20. DATE OF C		DAY YEAR	26 HOUR			
1	1772	OWN DOM:	Mac	Charlot	to Mc	Cucaly	6-9	-25		2110MP4			
1	1 SEX		4	RACE	5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
1	1	Ferr	alac	Come		2 10) つ.	4/ YR					
1		THPLACE INTAIN	OFFICE 76	CITIZEN OF WHAT COU	INTRY? 8 MARRIE	NEVER MARRIED	9. BALTIMORI	E CITY OR COUN	NTY OF DEATH				
7	TE		ania	11.SA	WIDOWE	-/	FI Ann	IP. Ar	undel	Ca. MD.			
7	90 CT	TY OR TOWN OF		. NAME OF HOSPITAL,	NURSING HOME		120 USUAL O	CCUPATION	12b KIND C	OF BUSINESS OR			
1	A	logen		INNE Arund	el Gene	ral Hospita	D Food Ir	CPBYER	G LIFE) TOUSTRY	curant			
2	130.5	TATE	13b COUNT	1 161		13d INSIDE CITY LIMITS	13. STREET AL	DDRESS / ZIP CO	. 0	3-21401			
1	BA FA	THERSNAME	MA	DDLE .	ASI	15. MOTHER'S MAIDEN		WIDDLE	1 (LA	ST			
	(1	Villian	n t	t. Hoffin	nandr	Jemino	λ	(W-	Harr	non			
	lác W	AS DECEASED EV			AL SECURITY NO.	17 INFORMANT	-	ADDRESS	same	0.3			
		NO	(IF YES, GIVE W	216-2	123311	James W), mcCr	eady-	#1	3			
		18 CAUSE OF DE	ATH (Enter anly	ane cause per line far (a),	(b), and (c).)	6		d	BETWEEN	IMATE INTERVAL ONSET AND DEATH			
1		TAKTI. DEAT	IMMEDIATE		ardisp	ulmany 1	Orrest	Brate.					
1				DUE TO, OR AS A CON	NSEQUENCE OF								
1		Canditians, if a		(lb)	- American	V							
1		gave rise to cause (a), st	ating the	DUE TO, OR AS A CON	NSEQUENCE OF								
J		underlying ca	iuse last.	(c)									
	7	PART 2. OTHER S	IGNIFICANT CO	NDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1	a			
4	CERTIFICATION			Riobetes 1	M /	youlen	ron						
1	CA	19s DATE OF OPE	MATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOP		YES, WERE FINDII RTIFYING CAUSES				
	ET.					V	YES 🗌	ИОМ	YES	ИО 🗌			
3	8	21a. ACCIDENT WAS	_	21b. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATU	IRE OF INJURY IN ITEM	18 PART OR PART 2)				
	MEDICAL	OR CONTRIBUTING (_	P.M.	19								
	60	21d. INJURY OCC		21e. PLACE OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE			
	2	WORK NO	WHILE WORK	TAT HOME. STREET FACTORY,	OFFICE FARM EIC)	3,112	,	4					
		220.1 certify that	(1) (this haspital) attended the deceased	fram	, 19	, ta		., 19,	that (I) (we) last			
1		saw the deci	eased alive an_	view the bady after death	_19 aı	nd that in (my) (aur) apin	nian death accurred	an the date and l	haur and fram the	causes stated			
		226. SIGNATURE	e) (ala) (ala har)	new the body after death		DEGREE			22c. DATE	SIGNED			
1		Part 1	+ uc	Seeme U	039	ATTENDIN	G MEDICAL N DIRECTOR	STAFF					
T		22d. PHYSICIAN'S	NAME (TYPE OR P	RINT)		22e. ADDRESS	·	3,1111010111111111111111111111111111111	- (Investigates			
		Robert	- M.	Supenfield		139 al	1 Salamo	ni Isl	R.l	unesport &			
	23a B	URIAL, CREMATIC	ON REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATO	RY 23d LOCAT	ION		V e			
	1	SPECIFY)		Tun 13105	SH W		CITY OF	RTOWN	O O	MIN			
	24 FL	INERAL DIRECTOR	R	June 12 1190	OBIL	1ary 3	DATE REC'D_BY REC	GISTRAR 256. REG	SISTRAR'S SIGNAT	TURE			
4	Ko	NAME		Chanel An	DORESS TO COOL 1 3	mis J	1111 4 7	85 lie	Davidson-A	andell.			

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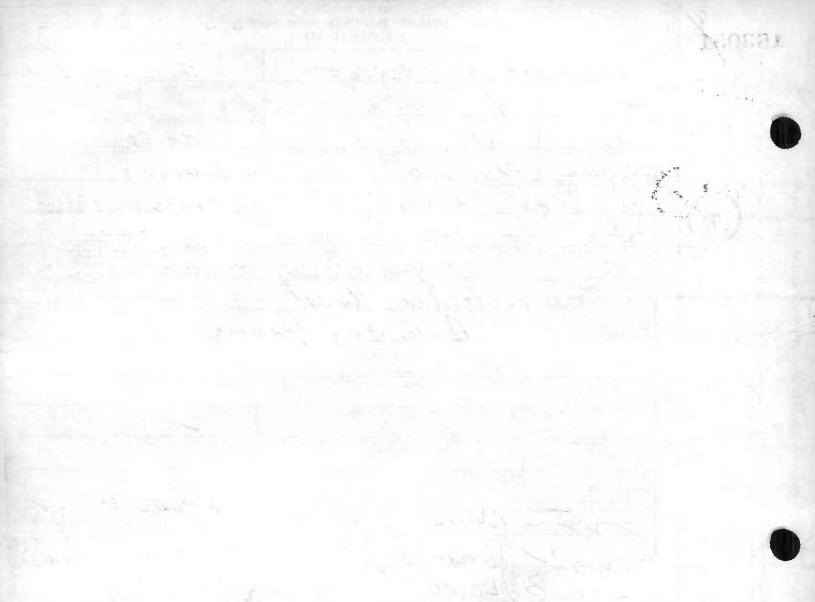
STATE OF MARYLAND



	1						OF MARYLAND			gm (3)	0 1
165111	1.	FOR STATE REGISTRAR			DEPARTA	CERTIF	EALTH AND MENTAL FI		REG. NO.	20	2
		1. DECEASED NAME FIRST MIDDLE LAST Za. DATE OF DEATH MONTH DAY YEAR Zb. F									830 PM
e 4 may be trar. page 3 ; after death	Y		THER	N.	MMN	McH	JGH [∧]		JUNE -	9-85	8 SPM
a p	3. SE	X		4 RACE			DATE OF BIRTH O		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER		IF UNDER 24 HRS
age 4 r	1	FEMALE		WHIT	'E	JUL		66	YRS	MONTHS DAYS	
a 50 %		RTHPLACE (STATE OR F	OREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIED	9 BALTIMO	RE CITY OR COUN	TY OF DEATH	
death. Inneral hin 72		ENNSYLVAN	IA	U.	S.A.	WIDOWE			E ARUNDE	EL	MD.
by the functiled within	-	10. CITY OR TOWN OF DEATH GLEN BURNIE		(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET HARUND	ADDRESS)	ONV. CENTE	TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING S CLERK		STORE
	USU 13a.	AL RESIDENCE (IF NURS STATE MD	136 COUN A.	ITY	GIVE RESIDENCE BEFORE	Ν	134 INSIDE CITY LIMITS		ADDRESS / ZIP CO		21061
Sominal Control	14. F/	SAMUEL		MIDDLE J.	FASSETT		IS MOTHER'S MAIDEN ESTHER		MIDDLE	FORSE	ST
8 - 10	16a \	WAS DECEASED EVER			16b SOCIAL SECU	RITY NO.	17 INFORMANT (D.	AUGHTER)	ADDRESS		MD210
Pages Pages		NO OR UNKNOWN)	NON:	E WAR OR DATES)	189.03.0	755	MARY LEE Y	OUNG 108	LINDEN A	VE. GLEN	BURNIE,
rtificate be g physician an papers. emaval. event, the		18 CAUSE OF DEAT	H (Eater ==		r line for to 1 th 1 no	d (c) i				APPROX	MATE INTERVAL ONSET AND DEATH
quires that the death ce signed by the attending then please remarked carb to burial, cremation, ar a riury, ar ather traumatic	7	cause (a), statin underlying cause PART 2 OTHER SIGN	lost.	((c)_	ONTRIBUTING TO	NO	NO RELATED TO THE T	CS UTURE	E OR CONDITION C	GIVEN IN PART 10	O !
been mit. prior any ii	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT		YES, WERE FINDI TIFYING CAUSES YES []	
DING PHYSICIAN: The k or ottending physicion. After this certificate has After this certificate has a sy the burial-transit per oith and Mental Hygiene marked or Item 18 show.		210. ACCIDENT WAS UNC	CAUSE OF DEA	4111	DE INJURY M. MONTH D.	AY YEAR	ZIC HOW INJURY OCC	CURRED (ENTER N.	TURE OF INJURY IN ITEM I	B PART 1 OR PART 2]	
HYSI nding buri buri ar #	MEDICAL	21d. INJURY OCCUR		71e PLACE	OF IN ILIRY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
	2	WHILE NOT WE	RK.	[A] HOME, SI	REET, FACTORY, OFFICE, F	ARM, ETC.]	SINCE	10	1 0	cr	
TTENDING pital ar a TOR: After far use as af Health 21 is marl		220.1 certify that (1)	this the pr	tal) ottended ti	he deceased from		, 19	, to	ed on the date and h		that (I) (we) last
haspin haspin liRECT ched for dept. of Item 2		sow the decease obove (1) (we) (0	did (did no	t) view the body	otter death.		DECORE		n/		SIGNED
A 10 0 7 =		Jeny	, 20.	Sparl	Pk. N.D	·for	ATTENDIN	G MEDICAL N DIRECTOR	STAFF PHYSICIAN	6-	9-85
HOSPII ained bi FUNER auld be th the St		Jerry Jerry	AME (TYPE O	e S Aq	rbek		3708 m	ountai	m Rd 1	asade-	4 Mitz
PP		BURIAL, CREMATION, (SPECIFY) BURIAL					EMETERY OR CREMATO	CIT	OR TOWN BURNIE	COUNTY A.A.	MD STATE
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	4	6-11	nouse		25a.	DATERECID.BY	EGISTION PESS REG	ISTRAR'S SIGNA	zuggande
(VRA 15, 4)	9	SINGLETON 1	UNER	IL HOME	GLEN BUR	NIE, M	21061	0011	- 1304		

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/-		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEA	AR 7b. HOUR
eo a 3	1	MARGAR	ET S	McK	VEH	Ju	UNE 6 18	85 7 PM
may pag	3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		
ge 4	1	F	W	MONTH 2	DAY YEAR	80	YRS.	DAYS HOURS MIN.
40 20 PM		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	
deo	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			12a USUAL OCCUPATION	9 CO.	MD. ND OF BUSINESS OR
1 4 6 () ()	E CONRADOVIUE			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			F WORKING LIFE) INDUS	
hours h	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		HIMEMAK	· ·	
	130	STATE 13b COU		POLIS	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		/ 21/02
within 24	14 F.	ATHER'S NAME	119	10413	15 MOTHER'S MAIDEN NA		SE UN	/ 21403
		COOMAO TI	rner Smit		Mong	WIDDIE	Harri	LAST
and compages	160	George Tu		SECURITY NO.	Mona 17. INFORMANT	QAODFE	SJanice I	
n ond c			IVE WAR OR DATES)					
D 0 % 0 %	-	NO	111-0		Louise M. S	mith Anna	apolis, N	
death certificate oftending physici ove corbonpaper vion, or removal roumatic event, the		18 CAUSE OF DEATH (Enter of	inly one couse per line for (a), (b)	and (c.)	1		BETW	PROXIMATE INTERVAL WEEN ONSET AND DEATH
g phys onpap emovo event,			TE CAUSE (o) 1914	lac.	unu			
e death ce attending nove corb notion, or r troumatic			DUE TO, OR AS ARONS	EDUENCE OF	(()	*		
deat ove ove ove ove ove		Conditions, if any, which	((b) PAU	neur	res per	and		
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOLIENCE OF				
by by Cr	1	underlying couse lost.	(c)	EGOLITCE OI				
D 0 0 0		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	DITION GIVEN IN PAR	R1 1ro
n signi Then p r to bu injury,	N N							
been sig prior to b ony injury	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
S and S	E					YES TO NOT	IN-CERTIFYING CAL	USES OF DEATH?
cate hransit Hygie	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR			
		OR CONTRIBUTING CAUSE OF DE						
ding plans certification of them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINI	P.M. 21e PLACE OF INJURY	19	21f. LOCATION			
C -C - 70	WE		(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO	wn COUNT	TY STATE
After the os the olth one marked		AT WORK AT WORK				1.	64	
			stall attended the deceased In		. 19	to	19 62	that (I) (we lost
Spital CTOR far us of He		ghove, (1) (and) (and) (did n	of view that Jody after death.	.19, 01	nd that in (my) (out) opinion	death accurred on the da		- //
DIRECTOR PORTS CONTRACTOR PORTS CONTRACT	13	23K SIGNATURE	110	0 4	DEGREE			ATESIGNED
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etoined by TO FUNERAL shauld be de with the State MAPORTANT.		1 / 1000	5/1/- MINE		How	enalic	, Olavi	
shaul with two	270	BURIAL, CREMATION, REMOVA	1 236 DATE	77 NAME OF C	EMETERY OR CREMATORY	123d LOCATION	1 1000	*
nn.	1	(SPECIFY)			Hill Cemet	CITY OF TOWN	n Talbo	- MA
BP		Burial UNERAL DIRECTOR	10-10-07	Phring		TE REC'D. BY REGISTRAR		
MH - 16 50M 4/83	N	ewnam Funera	Home E	Ston	Md DA		238. REGISTRAK'S SIG	INATUKE
(VPA 15 4)	741	continui I unicia.	r nome. Ea	SEUII.	Y C .	THE SECOND SECOND		



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REG. NO.			10.1		FI

- STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO.
1. DECEASED NAME FIRST	MI	IDDLE	£	AST		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
JOF	IN	D	METS	TER	SR	TINE 10 1085 1027
). SEX	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER THE
Male	Whi	te	MONTH	15	10	74 YRS MONTHS DAYS HOURS MI
BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	DE NEVER N	ADDIED [9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland	U.S.	.A.	WIDOWE		ORCED	ANNE ADINDEI COUNTY
10 CITY OR TOWN OF DEATH		OSPITAL, NURSING	HOME C			126 USUAL OCCUPATION 126 KIND OF BUSINESS (
GLEN BURNIE	NORT	FACILITY, GIVE STREET AT ARUNDE	HOS	PITAL.		INDUSTRY Insurance Man Insurance Insurance
USUAL RESIDENCE (# NURSING HOME 130 STATE 13b CO	OR OTHER INSTITUTION G	GIVE RESIDENCE BEFORE A 136. CITY OR TOWN	DMISSION)	1 13d INSIDE CH	TY LIMITS?	13e.STREET ADDRESS / ZIP CODE
Maryland	A.A.	Pasadena		YES 🗌	XXON	7810 Bayside Road 21122
4 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S	MAIDEN NA	
George	Model		ster	i	Martha	
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	RITY NO.	17 INFORMAL	41	ADDRESS
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	212-01-2	853	Janet	Meiste	er Same as 13e
	T CONDITIONS COIL	n'a	EATH BUT	-		MINAL DISEASE OR CONDITION GIVEN IN PART 1 o
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	/ 196 CONDIT	ION FÖR WHICH (OPERATIO:	n was perfor	MED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY I. MONTH DAY	V VEAD	21c HOW IN.	URY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF I	DEATH		19			
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE O	F INJURY		21f. LOCATIO	N	CITY OR TOWN COUNTY STATE
HILE NOT WHILE AT WORK	(AT HOME STREE	ET, FACTORY, OFFICE, FAI	RM ETC)	SINCEI		CITION IOWIG
22a. I certify that (1) (this has saw the deceased alive above, (1) (we) (did)	/.	19 0	AS or	nd that in (my) (aur) apinian d	death accurred an the date and hour and from the causes stated
22b. SIGNATURE	~	An		DEGREE A. A. P	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D
22d. PHYSICIA STAME (THE	t Strent)	4		22e ADDRESS		
LONG S. H	SH M D	16	- 11	G		845 OAKWOOD ROAD
30 BURIAL, CREMATION, REMOVA	AL 23b DATE	23¢ N.	AME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OR TOWN COUNTY STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md

Burial

6/22/85

Glen Haven Mem Park

CITY OR TOWN

STATE Md

REGISTRAR 256, REGISTRAR'S SIGNATURE
TORK Fisha Laurdson Pandelle

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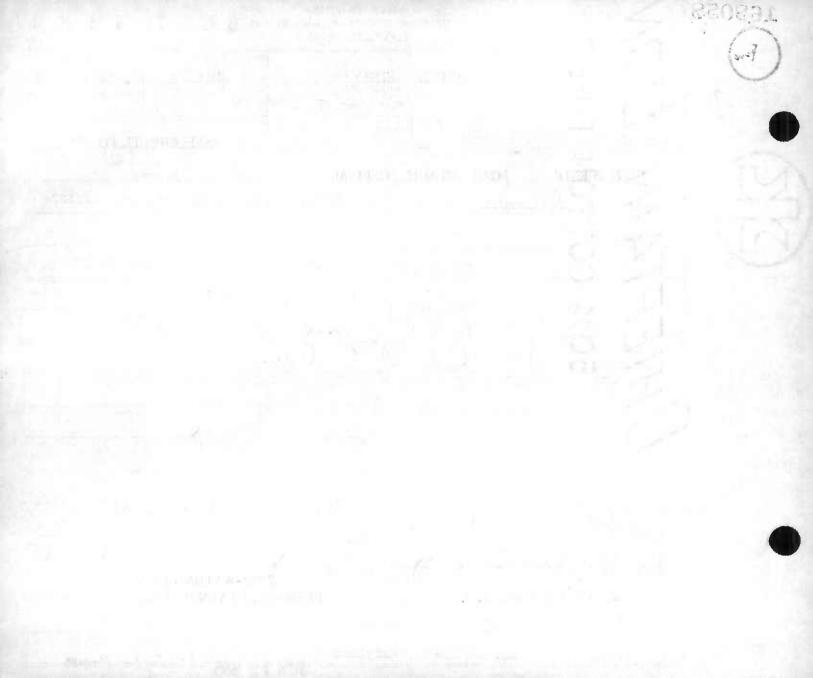
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STATE OF MARYLAND



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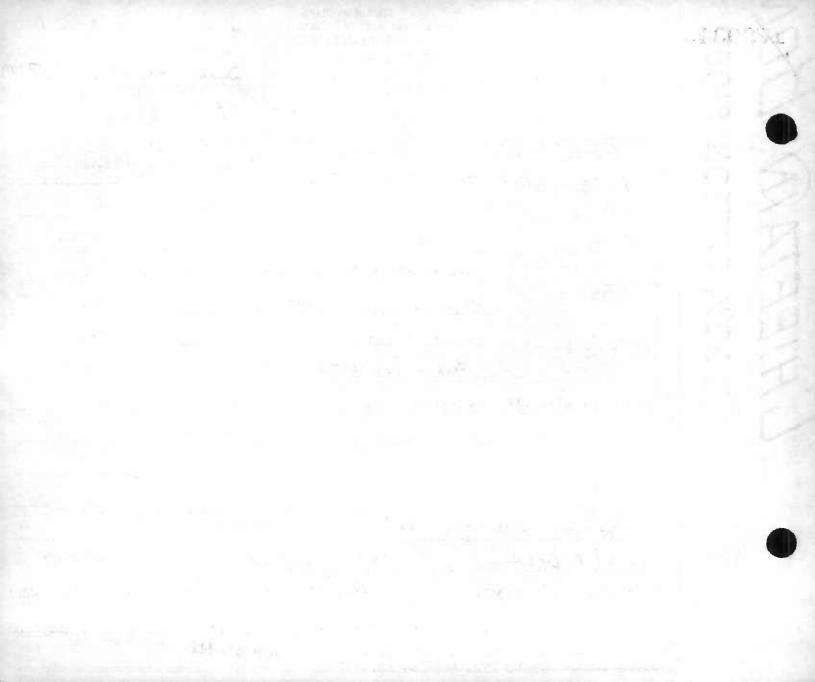
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1			TE OF MARYLAND		
1	11-	FOR STATE	DEPARTMENT OF	HEALTH AND MENTAL HYG	IENE 5 5	3 2 6
X82150) '	REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF I	DEATH REG. NO.	
(Co. C.	1 0	CEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN X MONTH	H DAY YEAR 20 HOUR
₩~:68E	(1)	PE OR PRINT)	111	Millor In	DELTH WITTER	2210 05
PLEASE CCTOR FILES TOURS	3. SE	Michael x [4 RACE 5 DATE (- W.	Miller Jr.		
STEC PE	3. 30	MONTH	DAY YEAR LAST BIRTHD		PRONOUNCED	8:251
0 2 0 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		lale White Nov	11,1981 3 1	RS.		5 23 19 85 M
IS NECESSARY, PLEASE FEUNERAL DIRECTOR. F.E. 5 FOR YOUR FILES. ED, WITHIN 72 HOURS 1 W PRESTON STREET,		IRTHPLACE (STATE OR 7b. CITIZIONEGO COUNTRY)	N OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
O Z Z Z Z	η	laruland	USA	WIDOWED DIVORCED	Anne Arundel (County, MD.
IN WEST	ID C	ITY OR TOWN OF DEATH 11. NAM	OF HOSPITAL, NURSING HOME	, OR OTHER INSTITUTION 12a	USUAL OCCUPATION (TYPE OF WORL	K 126 KIND OF BUSINESS
>= = = 0	0 7.		IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
ATH IF ANY DELAY IS NEG ATH IF ANY DELAY IS NEG IS 1, 24 AND 3 TO THE FUN PM 3, RETAIN PAGE 5 F. ND 2 SHOULD BEFILED, W	USU	napolis 896 AL RESIDENCE (IF IN NURSING HOME OR OTHER INS		INC		0111 01
ANY AND AND AND AND AND AND AND AND AND AND	13a	STATE 136. COUNTY	13c. CITY OR TOWN	1 m hm/ h	STREET ADDRESS	21401
2 2 2 2 2		IID H.H.	Hanapoli	S YES NO X	Obo Little Illag	othy View
THE SOUND STATE OF ST	14. F	ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAST
<u>₩</u> ₩₩<	OL	Michael (1).	Miller Sr	Tamela	Marie R	obinson
PAG ORA	1 160.	WAS DECEASED EVER IN U.S. ARMED FORCE PES, NO. OF UNKNOWN) (IF YES, GIVE WAR OR DATE	ES? 166. SOCIAL SECURIT	NO. 17. INFORMANT	ADDRESS	same as
URS AFTER DEATH ORE, WITH FORM P. T. PAGES IN PA		NO I I I I I I I I I I I I I I I I I I I		Pamela Ma	rie Robinson -	#13
TON ST., BALT 24 HOURS AFI ITEM 18. GIVE ITEM 17. PAGE TORNIT. PAGE OVER WITH F	7	18 CAUSE OF DEATH (Enter only one cause	e per line far (a) (b) and (c))	TO THE	· 10 Hebiboort	APPROXIMATE INTERVAL
201 W. PRESTON ST., UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W IAL - TRANSIT PERMIT. ON OR REMOVAL.	Y	PART I DEATH WAS CAUSED BY:	11	de injurios		BETWEEN ONSET AND DEATH
STON SI N 24 HO N ITEM 1 ALONG IT PERM IYGIENE.	31	2147 IMMEDIATE CAUSE	E TO, OR AS A CONSEQUENCE (
W. PREST D WITHIN PENCIL IN AMINER A TRANSIT ENTAL HY OR REMO		Canditians, if any, which	L TO, OK AS A CONSEQUENCE (Dr.		The Late of the La
201 W. PRESI UTED WITHIN IN PENCIL IN EXAMINER A ISLA TRANSITO ON, OR REMC		gave rise to immediate	(b)			
A A A A A A A A A A A A A A A A A A A		cause (a) stating the <u>under-</u> lying cause last.	E TO, OR AS A CONSEQUENCE (OF .		
S EX			(c)			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WEST SHOULD BE USED AS A BURAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL INFGENCE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART T	a	
L RECORDS ULD BE EXE "PENDING FF MEDICAG ED AS A BL HEALTH AN AL, CREMA1	N N					
REALE AND A MEN	CERTIFICATION	190. DATE OF OPERATION 191	CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
VITAL RE SHOULD ORD "PE CHIEF A E USED A T OF HE/ URIAL, C	E					VEC TO ALCO
SIVISION OF VITAL RESTRICTED TO COLUD STRING THE WORD." PER CHIEF A STANDIOD BE USED A COLUMN OF HELD OF PROPER TO BURIAL, COLUMN OF HELD OF PROPER TO BURIAL, COLUMN OF HELD OF THE COLUMN OF THE COL	7 1	21g EXTERNAL CAUSE WAS 21g	. TIME OF INJURY	1214 HOW IN ILLRY OCCUPRED A	NTER NATURE OF INJURY IN ITEM 18 PART I OR	YES X NO
5 PHH3 5	2 3	UNDERLYING X OR	TIME OF INJURY OUR AM MONTH DAY YEAR			PART 29
SAR GARAGE	2		49 _{P.M.} 6 23 ₁₉ 85		uck by truck	
CERTIFICATE OF THE WEBS TO THE WEBS TO THE ESSARTIMEN TO THE PROPERTINE TO BE TO THE THE WEBS TO BE THE WEBS THE WEBS TO BE THE WEBS THE WEBS THE WEBS TO BE THE WEBS	MEDICAL	14/(10) F	PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
= # ≥ € Z = Z		AT WORK AT WORK	driveway	896 Chestnut Tre	ee, Cape St. Clai	ir, A.A.CO, MD.
P. S. P. V.	17	22a I certify that I taak charge af the re	mains described abave hold as	Autopsy X, Inspection	, Inquiry , and in my	
EXAMINER: CERTIFICATE JUD BE FOR: WITH THE S						apinian
STIFE SEC		death resulted fram: Natural causes	Accident A.J., Su		Indetermined manner,	
X B B B S S		ACTUAL WILLERS	12. No. 11	TITLE (SPECIFY)	DAT	F
RATE SE	7	SIGNATURE	Mac John C	M.D. Assistant	MEDICAL EXAMINER SIGN	
MEDIC CUTE T SIE 4 SI FUNER TIMOR	1	EXAMINER'S NAME				
SECUNIC NOTE OF THE REPORT OF		(TYPE OR PRINT) Margar	ta A. Korell, M	I.D. ADDRESS 111 P	enn St. Balto.MI).
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT, BALTIMORE, MARYLANDS, 2	23a. E	URIAL, CREMATION, REMOVAL 23b. DATE	4 4 1 . 1	AETERY OR CREMATORY 23	3d. LOCATION	DUNTY STATE
07/84 BP	10	June June	27.1985 Hillio	rest f	Annapolis A	am A.
25M DHMH : 17	24.	UNERAL DIRECTOR	ADDRECC	25a. DATE REC'	D. BY REGISTRAR 256 REGISTRAR'S	
(VR A15 ME (5))	110	cylor Funeral Cha	Pel- Annapoli	SMUL JUNZ	6 1985 June Davido	ion-pandelli
	-	7-1-10-10-10				

State of the second sec



WILLIAM REESE & SONS MORTUARY, P.A.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👸

REG. NO

172004

DHMH - 16 60M 7/84

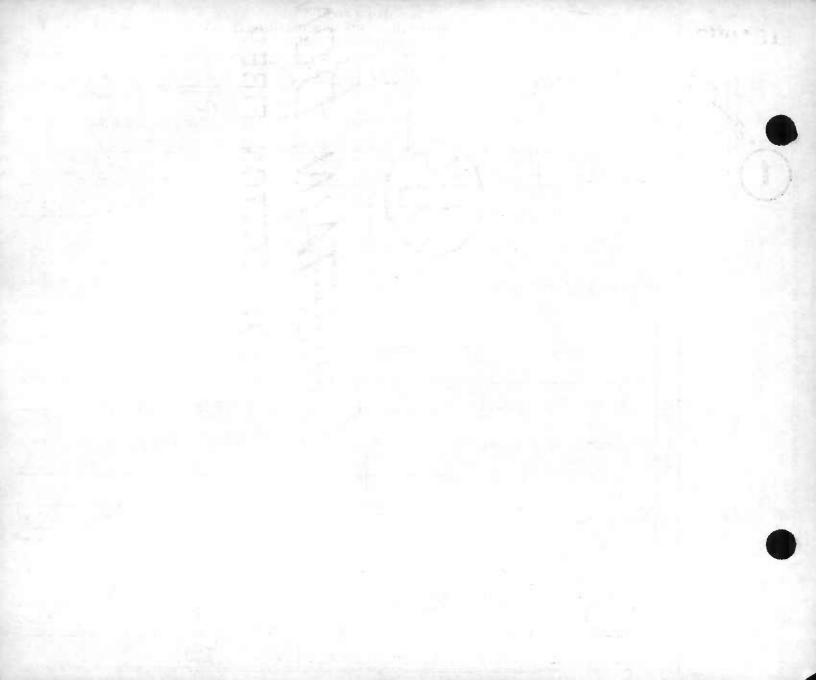
(VRA 15, 4)

FOR

REGISTRAR

- STATE

The section of the se Bringston A. A. Maryzonia 32 10 A. I . I WALL BAR & DEED MATERIAL S.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 191081 REGISTRAR DECEASED NAME DOD) 2a DATE KNOWN 27 1985 (TYPE OR PRINT) OF ESTI-E 5 FOR YOUR FILES.

E) WITHIN 72 HOURS

V. PRESTON STREET, DEATH MATED 551 6. AGE (IN YEARS 2d. HOUR IF UNDER 24 HRS 3. SEX 4 RACE DATE OF BIRTH DATE BIRTHDAY) PRONOUNCED 1645 DEAD 7a BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Arundel County nne WIDOWED DIVORCED U.S. Maryland II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS HOULD BE FILED, THE FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Glen Burnie Domestic Private Home 88 Mary Lane RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21061 13e STREET ADDRE 13d INSIDE CITY LIMITS? AND BALTIMORE, MD. 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM MIDDLE MIDDLE LAST FIRST 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION 215-32-4409 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c). 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: a Tluck IMMEDIATE CAUSE (o) MENTAL HYGIEN N, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF **BURIAL - TRANSIT** lerutic Hurt Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] DEPARTMENT OF PRIOR TO BURN NO [SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALIMORE, MARYLAND, 21201 P STREET STATE STREET, FACTORY, FARM, ETC. 1 CITY OF TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK Inspection X 220 I certify that I taak charge of the remains described above, held on Autapsy Inquiry ond in my opinian Hamicide Undetermined monner death resulted from. Natural causes ACTUAL MEDICAL EXAMINER SIGNATURE 1116 Gumbottom Road EXAMINER'S NAME BALTIM TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY CITY OR TOWN STATE 6/27/85 Removal BP 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) Balto., Md. Anatomy Board

20M 4/82

STATE OF MARYLAND

21.3 22 X

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1	-	. 4	6 9	. 4	9	
-8-	1 3	4 . F	3.7	•	•	

deoth. Poge 4 may be

executed within 24 hours offer

INPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumotic event, the medical er this certificate has been signed by the attending physicion the buriol-transit permit. Then please remove carb an appears, and Mental Hygiene prior to burial, cremation, or removal. should be detached for use as

FOR STATE REGISTRA	\ R
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

IYGIENE 3	5	1	5	Ö
	REG. N	NO.		
2a DATE	QE DEATH	MONTH	DAY	YEAR

		REGISTRAR				ICAIL OI	PERIII		REG. NO.				
		CEASED NAME FIRST OR PRINTS MARY		ZABETH	OLIV	ER		2	DATE OF DEATH	04,	1985	2b HOUR 630	PM
	3. SEX	(4 RACE		S. DATE C		YEAR	6	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24	MIN.
1	FE	MALE	BLACK		1 4 2 4027 118					YRS		THE CORS	,,,,,,
3	7a. 81	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D XXIEVER	MARRIED	9	BALTIMORE CITY OF	COUNTY	F DEATH	'V	
1		RYLAND	U.S	.A.	WIDOWE		NORCED [AUVINL A	תיקונאו לאו	COM	. 1	MD.
4	GLEN BURNIE 11. NAME OF HOSPITAL, NURSI (*NORTH*ARMEDE										12b. KIND OF BUSINESS OR INDUSTRY		
	13a. S	TATE 136 COU		GIVE RESIDENCE BEFORE	N	13d INSIDE (NO [13	s.STREET ADDRESS /	ZIP CODE	el Rd	010	77
) III		THER'S NAME		- Control - Cont		15 MOTHER	S MAIDEN N						
		HARRISON	WIDDLE	SPRIG	GS		PEAR	RL	WIDDLE		HOW	ARD	
		60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECU			RITY NO.	17. INFORM	ANT	G	ambrillASDRE				
	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)					ARCHI	E OLIV	ÆR	1214 Waug	h Chap	el Rd.		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	D DV	line lar (o), (b), and		an cono	2m o .	of	Colon		APPROXI BETWEEN	IMATE INTERVA ONSET AND DE	AL EATH
		IMMEDIA						0	0 0 7		——		
		Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								-		_	
		underlying cause last	(c)			ALOX DELATE							
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	DATKIRUTING TO F	EATH BUT	NOI KELAIEI) TO THE TER	(MIN)	AL DISEASE OR CONL	THON GIVE	I IN PART TO		
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPSY?				206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			?	
Ì	CERT	21a ACCIDENT WAS UNDERLYING				21c HOW IN	NJURY OCCU	JRRED	YES NO P			NO [—
		OR CONTRIBUTING CAUSE OF DE	2111	m. Month da	Y YEAR								
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATI			CITY OR TOV	-	COUNTY	STA	
	W	MHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY OFFICE, FA	ARM ETC)	STREE			CITTONTOV	VN	COUNT	SIA	10
		22a I certify that (1) (this hosp			6-	/	_, 19_8.		. to 6 - 4	, 19		that (I) (we	
		saw the deceased alive or above, (1) (we) (did) (did no	ot) yiew the body	alter death.	, or	nd that in (my	(our) opinion	n dea	oth occurred on the do	te and haur c	and from the	causes state	ed
		22b. SIGNATURE		- /	en.	DEGHEE	ettevio » i c		MEDICAL STAF	-	22¢ DATE	SIGNED	
		4		ny	100		PHYSICIAN	191	MEDICAL STAF DIRECTOR DEHYSIC ACUALIANT	AVA	6-	48	3
		220. PHYSICIAN'S NAME (TYPE		//)61		
		SANG C. DO	H, M.D.				JLEN DU) KI	NIE, MARYLA	AND ST	701		
		URIAL, CREMATION, REMOVAL	23b. DATE		IAME OF C	EMETERY OR	CREMATORY		23d. LOCATION CITY OF TOWN		CQUNTY	STA	IE .

DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL 6-8-1985 WILSON MEM. CHURCH CEME. Gambrills A.A. Maryl Properties of the Company of the C



PERMITTED

64159	FOR STATE REGIST
R. I	1 DECEASED !

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧏

a.A.	-	E-m	23	-
3	E	~		- Mari
REG. NO.				

DT
D_{\perp}

REGISTRAR		ICATE OF DEATH		REG. NO	D		LUI			
	1. DECEASED NAME FIRST (TYPE OR PRINT) CHARLES	NAC	MIDDLE E	OWEN	S S	SR	20. DATE OF DEATH JUNE		1985	25 HOUR 236 AM
	3. SEX Male	4 RACE White		DATE C		2	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN.
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A		WIDOWE			9. BALTIMORE CITY OF ANNE A			Y MD.
L	GLEN BURNIE		HOSPITAL, NURSING		TTAL	7	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Electrician	F WORKING LIFE)		red
5	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU	NTY	13 CITY OR TOWN Severn		13d. INSIDECITY LIMI YES NOXX	TS?	13e STREET ADDRESS / 7869 Linde	zip code en Leaf	F Rd. 2	21144
9	14. FATHER'S NAME William	MIDDLE E.	Owens		Elizabet			5	Ma i s	se1
	160. WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES?	212-22-56		Ethel A. ()wer	addres			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA				Rusi	n qe	tory fai	luzi	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which	DUE TO, C	dr as a consequen	CE OF	COPI)	prum mis	onio		
	gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	R AS A CONSEQUEN	ICE OF	Seph	ce.	mid			

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION

22b. SIGNATURE

Burial

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

00

IMPORTANT.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION STREET

CITY OR TOWN

STATE COUNTY

22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed olive on.

23b. DATE

13 June 85

DEGREE

ATTENDING

22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

STAFF DIRECTOR PHYSICIAN

CAMP MEADE ROAD

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

M.D. 23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Glen Burnie

MD

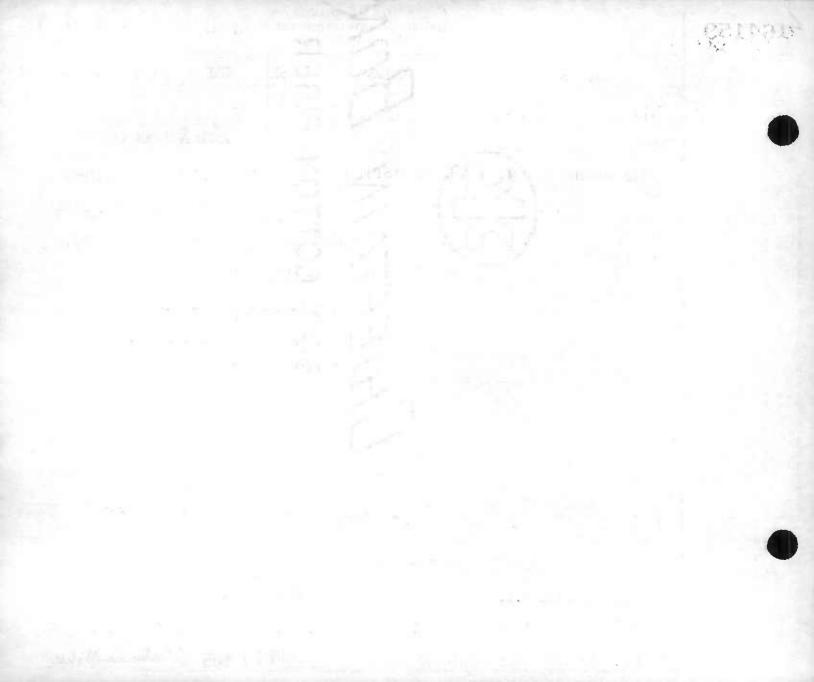
DHMH - 16 60M 7/B4

BP.

Glen Burnie MD James S. Kirkley (VRA 15, 4)

Glen Haven Mem. Pk. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

lia Davidson-Randale



injury, or other troumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows any

FOR - STATE REGISTRAR

STATE OF MARYLAND DEF

PARTMENT OF HEALTH AND MENTAL HYGIENE	5	İ	3	0	3	
CERTIFICATE OF DEATH	REG. NO.			-17		

							REG. IN				
		CEASED NAME FIRST		WIDDLE	L	AS1	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOL	UR
1		BLANCHE	V	IOLA	PA	LMER	J	UNE :	25,1985		М
	3. SEX	X .	4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER	
,		FEMALE	WHITE	2	NOV.	8, 1900 YEAR	84	YRS	MONTHS: DAYS	HOURS	MIN.
¥	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH		
1	1	NEW YORK	U.S.		WIDOWE	DIVORCED	ANNE ARUND				MD.
GLEN BURNIE 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING H				120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O STITCHER	F WORKING	LIFE) INDUSTRY SHOE I		ESS OR			
6	13a S			GIVE RESIDENCE BEFORE 134. CITY OR TOWN MILLERSV	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A			. 21	108
6	1	THER'S NAME CHARLIE L	WIDDLE	MCLAIN		ABIGAIL	WE		GRIFI	FIN	
ş		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17. INFORMANT (S	SON) ADDRE	SS			
L		NO (IF YES, GO NO	VE WAR OR DATES)	067.20.0	520	MR. GENE W.	PALMER SAM	1E AS	13		
	CERTIFICATION	gove rise to immediate cause (a), stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF Y	ES, WERE FINDI	NGS USE	
	TIF						YES NO		YES	NO [
7	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	AIR	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	3 RART OR RART 2)		
	ME	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE FA	_	STREET	CITY OR TO	WN VI	COUNTY		SIAIE
		220.1 certify that (1) (this hospital) agended the degraph from									
		22b. SIGNATURE	MEDICAL STAI DIRECTOR PHYSIC	F IAN 🔲	6-Z.	SIGNED	No. of Street, or other Persons and Person				
		22d PHYSICIAN'S NAME (TYRE				22e ADDRESS					
		GEORGE ANGOV,				3550 WILKENS AVENUE BALTIMORE, MD.					
		URIAL, CREMATION, REMOVAL	23h DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
		BURIAL // /	JULY 1	,1985 RIV	ERHU!	RST CEMETERY	ENDICOTT			YOR	
	24 FU	INERAL DIRECTO	1.			25a DAT	E REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNAT	URE	

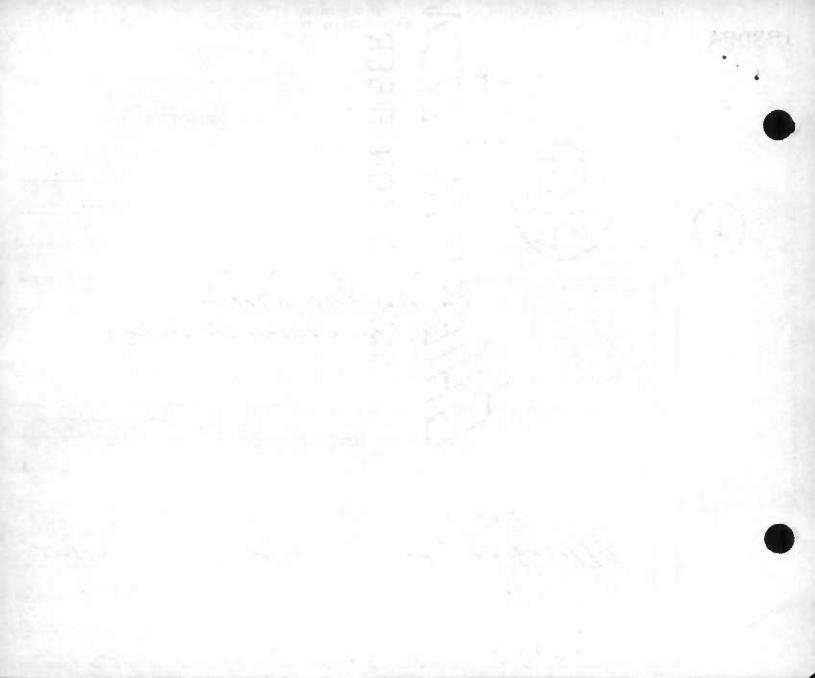
DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

GLEN BURNIE, MD.21061

in Davidson-Randall



requires that the death certificate be executed within 24 hours after death. Page 4 may be seen significantly and completely filled in by the funeral director, page in the phase remove corbon papers. Pages hand 2 should be filed within 72 hours after death matter to buriol, certainton, or removal.	1	S	1	1	S	O
v requires that the death certificate be executed within 24 hours after death. Page 4 tensions by the attending physician and completely filled in by the funeral director. If then please remove corbanapaers. Pages, and 2 should be filed within 72 hours after the tension, cremotion, are removed.		moy be	1	poge the		San Asia
requires that the death certificate be executed within 24 hours after deem signed by the attending physician and campletely filled in by the furth phase remove corbon papers. Pages reand 2 should be filed with its paural, cremotion, or removal.		eoth. Page 4		nerol director n 72 hours oft		Tours.
requires that the death certificate be executed within 24 here signed by the attending physician and campletely filled in Thempless remove corbon papers. Pages hand 2 should in the manual, cremation, or removal, the medical scanning rates.		nours after d		in by the fur be filed with		be formed
requires that the death certificate be executed en signed by the attending physician and comit from please remove corbompopers. Pages the motion, or removal.		within 24 h		pletely filled and 2 should I	1	of the month
requires that the death certificate signed by the attending physicial from phase remove corbonapper for the other from or removal.		be executed		s. Poges As		e medicol ex
requires that the deast een signed by the atten if Then please remove of for the buriel, cremotion,		n certificate		ding physics	or removal.	otic event, th
requires the		of the death		by the offen	cremotion,	other froum
		requires the		d. Then blee	or to buriol	IN INJURY, OF

REGISTRAR

Lois

I STATE OR EOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Canditions, if any, which gave rise to immediate cause (a), stating

underlying cause

190 DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

sow the deceased plive an

above, (I) (we) Joic 226. SIGNATUR

23a BURIAL, CREMATION, REMOVAL

22d. PHYS

(SPECIFY)

Burial

NOI WHILE

1. DECEASED NAME (TYPE OR PRINT)

Female

70 BIRTHPLACE

COUNTRY Virginia

MD

James

no

CERTIFICATION

I CITY OR TOWN OF DEATH

Glen Burnie

(YES, NO OR UNKNOWN)

14. FATHER'S NAME

3. SEX

STATE OF MARYLAND FOR - STATE

4 RACE

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE to

22a.1 certify that (I) (this haspital) extended the deceased from

71h DATE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

Carl

A.A.

White

E.

CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

1217 Montgomery Dr

LAST

166 SOCIAL SECURITY NO

214-54 2122

Metastone

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Payne

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE

216. TIME OF INJURY

P.M

21e. PLACE OF INJURY

Glen Burnie

DEPARTMENT OF HEALTH AND MENTAL **CERTIFICATE OF DEATH**

LAST

5. DATE OF BIRTH MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Pearson

MARRIED | NEVER MARRIED

YES -

Maude

17 INFORMANT

Brown

21c HOW INJURY OC

211. LOCATION

and that in (my) (aur) api

22e ADDRESS

15 MOTHER'S MAIDEN

Elizabeth

DIVORCED

August 10.

MENTAL HYG DEATH	REG. NO.	8 3 0					
	20 DATE OF DEATH MONTH DAY	YEAR 2h. HOUR					
	June 10, 1985.	1:00 P					
YEAR		UNDER I YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.					
1922	62 YRS						
MARRIED -	9. BALTIMORE CITY OR COUNTY O	F DEATH					
NORCED	Anne Arundel	MD					
TITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY					
	<u>Homemaker</u>	Own Home					
CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE						
NO X	1217 Montgomery	Dr. 21061					
S MAIDEN NAM	ΛĒ						
FIRST	WIDDLE	Camper					
ANT	ADDRESS	camper					
	av Hoff Same as	13					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
3005							
ot Carcura 3yours							
D TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 1(a)					
ORMED		VERE FINDINGS USED NG CAUSES OF DEATH?					
NJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)					
ION	CITY OR TOWN	COUNTY STATE					
1920	100	1985 that (I) (we) last					
) (aur) apinian (death accurred on the date and hour a						
ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	COLLINS					
55 N	, Wolfe St						
10							

should be detach with the State De IMPORTANT: # H BP.

24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley Glen Burnie MD.

23c. NAME OF CEMETERY OR CREMATORY Fairview Lawn Cem

DEGREE

2014

23d LOCATION CITY OR TOWN

STATE

Onancock, Accomack BY REGISTRAR 356. REGISTRAR'S STANATURE

25a. DATE REC



of lightness or the second second

and Julian and

8	DEC	EASED NAME FIRS	1	A4 IF	DDLE	- 1	AST	REG. N	MONTH	DAY YEAR	R 2b 1
		OR BRID.TI	Charle		W		Prince	20. DATE OF DEATH	6	24 8	20
	SEX		4 RA		41	5. DATE C		6 AGE IIN YEARS LAST BI		IF UNDER A Y	
		Male		White		MONTH		62		MONTHS: DA	
2		RTHPLACE (STATE OR FOREIG	N 7b C		HAT COUNTRY	0	D A NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	1
55		lary land		U.S.	.A.	WIDOWE		Anne	Arund	lel	
00	0 C11	TY OR TOWN OF DEATH		NAME OF HO	SPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			D OF BU
		altimore			th Avenu		Home)	Electrica	Eng.	Ele	ctro
25	13a. S		OME OR OTHER	11	3c. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
21		aryland	A.A.		Baltimo	re	YES NO XX	314 15th A	venue	21	225
- 4	4 FA	FIRST	MIDDI		LAST		Katherin	MIDDLE		T	LAST
1	6n W	Charles /AS DECEASED EVER IN U.		FORCES?	6h SOCIAL SEC	ince	NA UNECELL	A ADDR	ESS	J.	emes
	(Y	Yes (IFY			215-12-3		Vera V. Prin		as 13	Be	
-		18 CAUSE OF DEATH (En	ter only on	a coura par lu	ne for (a) (b) a	nd (c) A					ROXIMATE EN ONSET
	- 1	PART I. DEATH WAS C.			(-)	in make	ac avien	7 %			
		IMMI	EDIATE CA		AS A CONSEQU	IENGE OF		10 -0.1	12 1	0	1
		Conditions, if any, which gave rise to immedia cause (a), stating the	ch te he	DUE TO, OR	as a consequ as a consequ	Ad	ronced Ari	eno deste	Carl	wreger	ley s
		Conditions, if any, while gave rise to immedio cause (a), stating the underlying cause last	ch fe he st.	DUE TO, OR A	AS A CONSEQU	JENCE OF	not related to the term				,
	VTION	Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	ch te he st.	DUE TO, OR A DUE TO, OR A (c) DITIONS CON	AS A CONSEQU	DENCE OF		NINAL DISEASE OR CON	NDITION GI	IVEN IN PAR	Tiro
	IIFICATION	Conditions, if any, while gave rise to immedio cause (a), stating the underlying cause last	ch te he st.	DUE TO, OR A DUE TO, OR A (c) DITIONS CON	AS A CONSEQU	DENCE OF	NOT RELATED TO THE TERM		20b. IF YE		T Tro
9	CERTIFICATION	Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING.	ch te he st.	DUE TO, OR A (c) DUE TO, OR A (c) DITIONS CONDITIONS 21b. TIME OF	AS A CONSEQU NTRIBUTING TO ON FOR WHICH	DEATH BUT		200 AUTOPSY? YES NO	20b. IF YE IN CERT Y	IVEN IN PAR ES, WERE FIN IFYING CAU	I I I I I I I I I I I I I I I I I I I
9		Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause late PART 2 OTHER SIGNIFICATION	ch te he st. ANT CONE	DUE TO, OR A (c) DUE TO, OR A (c) DITIONS CONDITIONS 21b. TIME OF	AS A CONSEQU NTRIBUTING TO ON FOR WHICH INJURY MONTH C	DEATH BUT	n was performed	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y	IVEN IN PAR ES, WERE FIN IFYING CAU	I I I I I I I I I I I I I I I I I I I
9		Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause loss loss loss loss loss loss loss lo	ch te he st. ANT CONE	DUE TO, OR / (c) DITIONS CON 19b CONDITI 21b TIME OF HOUR A.M. P.M. 21e PLACE OF	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	n was performed	200 AUTOPSY? YES NO	20b. IF YE IN CERT Y URY IN ITEM 18	IVEN IN PAR ES, WERE FIN IFYING CAU	NDINGS SES OF I N
9	MEDICAL CERTIFICATION	Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause loss loss loss loss loss loss loss lo	ch te he st. ANT CONE	DUE TO, OR / (c) DITIONS CON 19b CONDITI 21b TIME OF HOUR A.M. P.M. 21e PLACE OF	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE)	20b. IF YE IN CERT Y URY IN ITEM 18	IVEN IN PAR ES, WERE FIN IFYING CAU 'ES PART I OR PART	NDINGS SES OF L No
9		Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause (a). PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (# ETHER NOTHY MEDICALEX/ 21d, INJURY OCCURRED WHILE AT WORK NOTHY MEDICALEX/ 220.1 certify that (1) (this)	of DEATH AMNIER)	DUE TO, OR / (c) DITIONS CON 19b CONDITI 21b TIME OF HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	21c HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERT URY IN ITEM 18	IVEN IN PAR ES, WERE FIN IFYING CAU ES PART I OR PART COUNTY	NDINGS SES OF L
9		Conditions, if any, white gave rise to immedia cause lot, stating the underlying cause lot	ANT CONE OF DEATH AMINER) hospital) of ve an	DUE TO, OR / (c) DUE TO, OR / (c) DITIONS CON 19b. CONDITION 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	21c HOW INJURY OCCUR 211 LOCATION SIREE1	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERT URY IN ITEM 18	ES, WERE FIN IFYING CAU (ES	NDINGS SES OF E
999		Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause lost of the cause (a) and cause lost of the cause lost of the cause (a) and cause (a) and cause (b) and cause (c) and cause (ANT CONE OF DEATH AMINER) hospital) of ve an	DUE TO, OR / (c) DUE TO, OR / (c) DITIONS CON 19b. CONDITION 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	21c HOW INJURY OCCUR 21l LOCATION STREET and that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OR TO Death accurred on the company of the co	20b. IF YE IN CERT Y JRY IN ITEM 18	ES, WERE FIN IFYING CAU (ES	NDINGS SES OF L
999		Conditions, if any, white gave rise to immedia cause lot, stating the underlying cause lot	ANT CONE ANT ONE ANT ONE hospital) or DEATH AMINER) hospital) ove an	DUE TO, OR / (c) DUE TO, OR / (c) DITIONS CON 19b. CONDITION 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO ON FOR WHICH INJURY MONTH D FINJURY IT, FACTORY OFFICE Beceased from 19	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	216 HOW INJURY OCCUR 211 LOCATION STREET and that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OR TO DEATH occurred on the control of the co	20b. IF YE IN CERT JRY IN ITEM 18 OWN LEFE CLAN	ES, WERE FIN IFYING CAU (ES	NDINGS SES OF I N
99	MEDICAL	Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause lateral to the cause (a), stating the underlying cause lateral to the cause lateral to the cause lateral to the cause (is either notify Medical Extended to the cause (is either notify Medical Extended to the cause lateral to the cause la	of DEATH AMNIER) hospital) c	DUE TO, OR / (c) DUE TO, OR / (c) DITIONS CON 19b CONDITI 21b. TIME OF HOUR A.M. P.M. 21e PLACE OF (AI HOME, STREE Dattended the withe body of	AS A CONSEQUENTRIBUTING TO ON FOR WHICH INJURY MONTH D FINJURY IT, FACTORY, OFFICE Beceased from ther death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	211 LOCATION STREET 211 LOCATION STREET 22	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDE CITY OR TO MEDICAL STA MEDICAL PHYSI A FURNAMENTAL PROPERTY OF THE PHYSI TO PHYSI	20b. IF YE IN CERT JRY IN ITEM 18 OWN LEFE CLAN	ES, WERE FIN IFYING CAU (ES	NDINGS SES OF E
99	WEDICAL MEDICAL	Conditions, if any, white gove rise to immedia cause (a), stating the underlying cause lost of the cause (a), stating the underlying cause lost of the cause (b) DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (FEITHER NOTIFY MEDICALEX LIVER) WHITE NOTIFY MEDICALEX AL WORK 22a, I certify that (1) (this saw the deceased of above, (1) (we) (did) (c) 22b. SIGNATURE	of DEATH AMNIER) hospital) c	DUE TO, OR / (c) DUE TO, OR / (c) DITIONS CON 19b. CONDITION 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF (AT HOME, STREE	AS A CONSEQUENTRIBUTING TO ON FOR WHICH INJURY MONTH FINJURY IT, FACTORY, OFFICE Beceased from ther death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM EIC)	211 LOCATION SIREE! 21 that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT OR TO DEATH occurred on the control of the co	20b. IF YE IN CERT Y JRY IN ITEM 18 OWN LIFE CIAN CIAN	ES, WERE FIN IFYING CAU (ES	NDINGS SES OF EN N: 2) that the cause ATE SIGN

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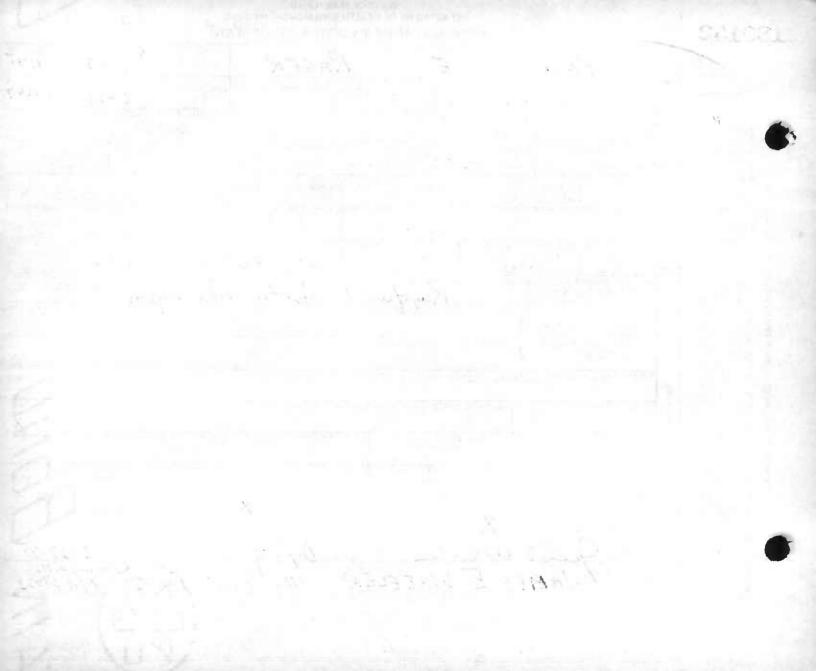
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DIVISION OF VITAL RECORDS,

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189152		REGISTRAR	FIRST		MIDDLE	MINER'S	ERTIFICATEO		REG. NO.	
2 8 8 8 E		CEASED NAME E OR PRINT)	PAUL	Eli	F		RAGER	OF ES	OWN X MONTH	27 19 85 11 43
S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. DUTHIN 72 HOURS PLESTON STREET,	3. SEX			S DATE OF BIRTH	YEAR LAS	ST BIRTHDAY) WONT	DER 1 YR. IF UNDER	MIN. PRONOUNCEL	MONTH C	DAY YEAR 2d HOU
ON SOUR			hite	Oct. 28,		68 YRS.		DEAD	6 -	2/ 19 83 X
T SESS	FC	RTHPLACE (STATE (OR .	7b. CITIZEN OF W	HAT COUNTRY?	8. MARR	IED NEVER MARR	IFD	ECITY OR COUNT	
N N N N N N N N N N N N N N N N N N N		ryland	j	USA		WIDOV			ne Arund	MI
PAGE PAGE FRIED	Aı	ty or town of t nnapolis		11. NAME OF HO.	spital, nursing acility, give street a undel Ge	pdress) neral Ho	spital	FOR MOST OF WORKING	LIFE)	OR INDUSTRY railroad
PANAN DE LA COMPANIA	130. S	AL RESIDENCE (IF IN TATE aryland	13P CON	or other institution, G ITY ington	13c. CITY OR T Boonsb	GWN	13d INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS Route 4	Box K 6	21713
8 (Figure 7/	1/	ATHER'S NAME FIRST Ear 1		MIDDLE	Rager		15. MOTHER'S MAIDE FIRST Edna	NAME MIDDLE		rtin
ON DESCRIPTION OF	166	VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b. SOCIAL S		17 INFORMANT	A	DDRESS	
BALTIMORE SI AFTER DE GIVE PAGES MITH FORMA PAGES OF A MYSICIAN OF	Y		(IF YES, GIVE	WAR OR DATES)			Juanita	Rager, Boon	sboro, M	d.
		18 CAUSE OF DE	ATH (Enter an	ly ane cause per lin	e far (a) da, and	(c).)		1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTOI WITHIN 24 ENCIL IN ITE MINER AND ITE TRANSIT PE NTAL HYGIE OR REMOVA		gave rise	f any, which ta immediate ing the <u>under</u> -	(b)	R AS A CONSEQU R AS A CONSEQU			C 774(0)	95-51	
DS, 2011 XECUTED JG" IN PI AL EXAM BURIAL AND MEI ATION, 0	10	PART 2 OTHER SIGNIFICA	CANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 in		1
B BE EXEC ENDING" REDICAL AS A BUR SEMENTH ANI CREMATI	N									
	CERTIFICATION	190. DATE OF OP	ERATION	19b. COND	ITION FOR WHIC	H OPERATION V	AS PERFORMED?			20. AUTOPSY?
SHOULD SH	Ť									YES NO NO
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WOOD ROED TO THE CHIE F 3 SHOULD BE USE TO EPERARMEN OF TO PRIOR TO BEINE	ALCER	210. EXTERNAL C UNDERLYING CONTRIBUTING	OR		M. MONTH DAY		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PA	RT 2)
	MEDICAL	21d INJURY OCC WHILE NAT WORK A	URRED	21e PLACE	OF INJURY (AT	HOME, 21f LC	CATION	CITY OR TOWN	co	UNTY STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNEAL DIRECTOR: PAGE OF SHI, WITH THE STA BALTMORE, MARYLAND, 217		220 I certify the		ge af the remains de	Accident	eld an Autar , Suicide	Hamicide TITLE SPECIFY)	n , Inquiry	and in my ap	oinian
A THE STATE OF THE		ACTUAL SIGNATURE	Lew	Suh	uly	^	Din-T	MEDICAL EXAMINE	DATE SIGNE	0 6-27-85
AEDIC CUTE TO GE 4 ST FUNER LYMORE	1	EXAMINER'S NA	MEJAL	MES E	, WHE	FLER	ADDRESS 1116	Gumbollo	in Rel	MA HUSZ
5×45+4	23a. E	URIAL, CREMATIO		23b. DATE		OF CEMETERY C		23d. LOCATION CITY OR TOWN	COU	NTY STATE
BP		specify) urial		July 1,19		Haven (Hagerstown		
DHMH - 17		NAME		FUNERAL	5	M1 017	11.11	REC'D. BY REGISTRAR		
(VR A15 ME (5)) 20M 4/82	4	ID E. Wil	son BI	vd., Hage	rstown,	Md. 21/4	+0 002	02 1985	" Wandse	n-Aandell



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 5		5	8	4 E01
REG. NO).	11		ED

101	4	FOR STATE REGISTRAR	DEPART		TEALTH AND MENTAL HYG	ATH REG. NO.		
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
e de de	(TYP	ANNA	THERESA	RAH	NIS	JUNE	19, 1985	630 AP
21	1.5E	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
3		FEMALE	WHITE	FEB.	9, 1898		RS.	HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY? U.S.A.		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COL	NDEL COUN	IY
54		TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NOR THE ARUND E	WIDOWE IG HOME (ADDRESS) L HOS	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOMEMAKER	12b. KIND OF	BUSINESS OR
36	13a. 3	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUNTY A			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 8398 NEW CUT		
20		THER'S NAME OSEPH	MIDDLE ROBL ^{LAST}		15. MOTHER'S MAIDEN NAI	ME UNKNOWN DIE	LAST	
medical	160. \	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166. SOCIAL SECU NE 213.72.5		MRS. MARY L.	GHTER) ADDRESS KIESSLING SA	ME AS 13	
r emayal.			ly ane cause per line far (a), (b), an D BY: E CAUSE (a) CSAC	tu 7	copirates	arrest	BETWEEN O	MATE INTERVAL NSET AND DEATH
ial, crematian, ar i ar ather traumatic		Conditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUI	Pho ENCE OF	3 Shock			
injury,	NO	PART 2. OTHER SIGNIFICANT OF	onditions contributing to	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	
shaws any	CERTIFICATION	190. DATE OF OPERATION	. 19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I IN CI	F YES, WERE FINDIN ERTIFYING CAUSES (YES	GS USED OF DEATH? NO []
or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	M IB PART I OR PART 2)	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
n 21 is ma		22a I certify that (I) (this haspi saw the deceased alive an above, (In/we) (did) (did na	ral) attended the deceased from	, al		, to	, 19, tl	
rate Dep		22b. SIGNATURE				MEDICAL STAFF DIRECTOR PHYSICIAN		7/20/8
IMPORTANT: If		BASANT K.	KHANDELWAL, M.D.		1	422 BALTIMORE- RNIE, MARYLAND		BLVD
> <	23a I	BURIAL, CREMATION, REMOVAL	236 DATE 23c. P JUNE 22,1985 G		EMETERY OR CREMATORY AVEN MEM. PARI	23d LOCATION CITY OR TOWN GLEN BURNIE	A.A.	MD.
60M 7/84 5, 4)		INGLETON FUNERA	L HOME GLEN BUE	RNIE,		E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATU	

)10	1.	FOR STATE REGISTRAR				CERTII	EALTH AND MENTAL HY	REG. N		5 8	4 2 EDT
pode 3		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR P.
0			FRANC		C.		EED	JUNE 13		F UNDER TYEAR	12.40 M
	3. SE	× Female		4 RACE Whi	+-	5. DATE (DAY YEAR			ONTHS DAYS	HOURS MIN.
10	7a B1	RTHPLACE (STATE OR	ORCICAL		WHAT COUNTRY	Sept	. 14, 1926	9 BALTIMORE CITY C	YRS.	DEDEATH	
40		COUNTRY)	OREIGN	US		MARRIE	D NEVER MARRIED X	ANNE ARU			
77		Alabama ITY OR TOWN OF DEA	ATH			NG HOME	DR OTHER INSTITUTION	12a USUAL OCCUPAT			MD. BUSINESS OR
4		GLEN BUR		NOF	RTH ARUND	EL HOS	SPITAL	None None	OF WORKING LIFE)	INDUSTRY	
86	13a. S	al residence (# nurs state aryland	136 COUN AA	OTHER INSTITUTION	13c. CITY OR TOV	WN	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS		rive	21061
題	14. F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
hal		Lee		Roy	Ree		Fannie	Lee	PCC .	Moo	re
1		NAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	Fannie M.	Reed, Same a			
,		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse pe D BY:	er line for (a), (b), a	nd (c)	spiratory	ALLES)	+	BETWEEN O	MATE INTERVAL INSET AND DEATH
njury, ar athe	NO	couse (a), stating underlying couse	lost.	(6)	CONTRIBUTING TO		NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
Types Swows	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN	
9		210. ACCIDENT WAS UNI	CAUSE OF DEA	TH HOUR A	OF INJURY A.M. MONTH I P.M.	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM TB PAI	RT 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	THE []		OF INJURY TREET, FACTORY, OFFICE	FARM ETC)	21 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		22a.1 certify that (1) sow therefore obove (1) we (1)				6-3 8J.	nd that in (my) our) opinion	to 6-/3	lote and hour		ha(1)(we) lost couses stated
1		22h. SIGNATURE	d s	s. slen			DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA		224 DATES	3-N
MPORTANT		EDWARD N	. SHE	RMAN, M			95 A	QUAHART ROAD BURNIE, MAR		21061	
		Burial, CREMATION, Burial	REMOVAL	June 1			idge Mem. Pk			loward	MD
1/83	24 F	James	S. K	irkley,	Glen Bu	rnie,		ATE REC'D. BY REGISTRAN	R 25b. REGISTR	AR'S SIGN AT	-Randales

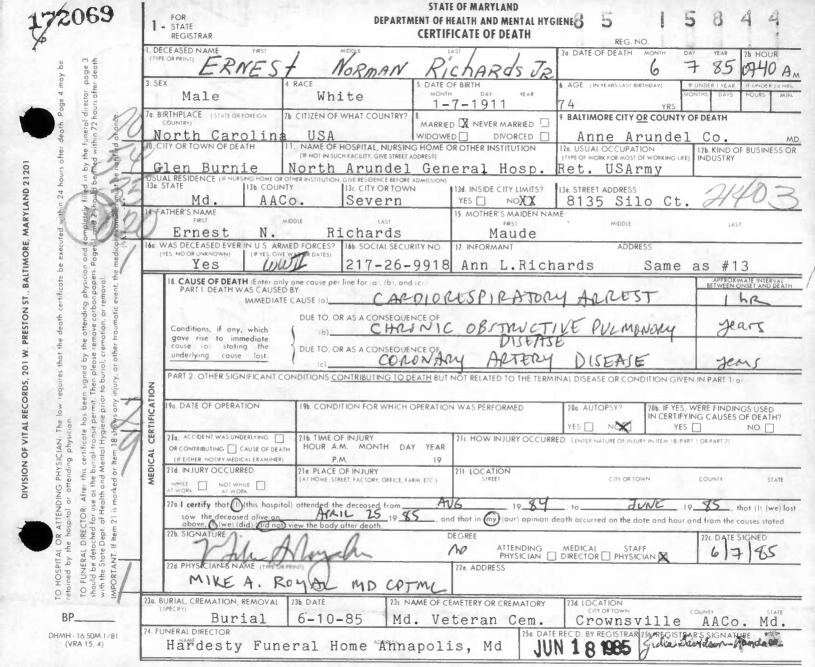
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST





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(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH REG. NO.

-		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
-	1	Mari	1 Trene	Ko	eth	Ju	ne 4.1985	11:44AM
1	1. SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		
	6	emale.	White	Marc	1 05 1000	103	YRS.	S HOURS MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	_	9 BALTIMORE CITY O	R COUNTY OF DEATH	
		OUNTRY)	uen	MARRIE	NEVER MARRIED	10	1.1.0	
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWE	- land	120. USUAL OCCUPATI	Hrundel	MD. OF BUSINESS OR
1/	d	TOK TOW OF DEATH	(IF NOT IN SUCH FACILITY ON	VESTREET ADDRESS)	A I	LEXPE OF WORK FOR MOST C		
14	Cr	ownsville	tairtield	Nursin	a Center	Keceptio	nist Docis	office
6	USU A 13a. S	TATE 13b. CQUI		CE BEFORE ADMISSION) OR TOWN	132 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
1	1	DD A		nsville	YES NO			32
25/	14. FA	THER'S NAME			15. MOTHER'S MAIDEN N		01	
		John He	MIDDLE R	th	A FIRST	MIDDLE	Timus	1
7	16a. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRE	2400 32nd	St 5 1=
	(4	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	5,000	2			01., 0, -
			7/12-	20-1220	naymond	J. Haynen-	Washington	DC & COO S O
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse perfine for 101,	(b), and (c).)	, 4	d	BETWEE	N ONSET AND DEATH
73			TE CAUSE (D)	molua			20	lays
			DUE TO, OR AS ALCON	NSEQUENCE OF .	. 1	4 / 1.		10
		Conditions, if any, which	((b) Upp	er Kest	iratory	mectio	30	lays.
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	ISEQUENCE OF				
		underlying couse lost.	DOE TO, OK AS A COT	43EQUEINCE OF				
	- 19	PAT 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE PER	MINIAL DISEASE OR CON	DITION GIVEN IN PART	lta
	Z O	Jour oduly 10	od Ager dom	· · · ·	dahilita	tion.		
1)	ATIC	THE DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	DINGS USED
X	CERTIFICATION						IN CERTIFYING CAUS	ES OF DEATH?
1	ERT	21g. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		1214 HOW IN JURY OCCU	RRED (ENTER NATURE OF INJU	YES OR DADI / OR DADI /	NO 🗌
21	- 1	OR CONTRIBUTING CAUSE OF DE	LIGHT AM MONE	TH DAY YEAR	THE TIOW HAJORT OCCU	KKED (ENIEKNATURE OF INSU	TINIEM IS PART OR PART 2	
	V V	(IF EITHER, NOTIFY MEDICAL EXAMINE		19				
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM FIC)	21f LOCATION STREET	CITY OR TO	wn , COUNTY	STATE
	2	AT WORK NOT WHILE		1		You a	+	
	1.5	220.1 certify that (I) (this hospi	ital) attended the gleceased	from 10	10		US 19	, that (I) (we) tast
	1	ow the deceased alive on	5-16	_19,or	d that in (my) (out) opinion	n death occurred on the de	ote and hour and from th	ne couses stated
-0	021	221. SIGNATURE	nti view the body ofter death		DEGREE		22c D/A	TE SIGNED
		Noton G	1/01/100.	1	ATTENDING	MEDICAL STAI	FF _ /	1185
-	1	224 PHYSICIAN'S NAME (TYPE	VILLE OF BRIDE	w	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSIC	IAN LI D-	- 7-00
11		Dom T 1/m	11			10	100 5 6 1	0111-1
1		ICIEK T. VEK	KOUW		1833 Luca		your Ind	4401
	230. B	URIAL, CREMATION, REMOVAL	1 1.0-	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
	K	Jurial	Dune7,1985	Imt. o	livet	Wash	ington I	D.C.
	25 FL	INERAL DIRECTOR		Dates	25a D/	ATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	ATURE
	10	ylor Funeral	Chapel-An	napolis	I CIM.	The same	12 200	
		A TANK			1			

etter 177 Francis Hann James Dinest The second of th CESIS - And Service X - Construct A.A. Con Comment of the state of the second of the first of the second of the sec Tallouth Tallouth Tallouth

	-	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 8	4 6
		ASED NAME FIRST	a	E.	F	Rossmark	20 DATE OF DEATH	-	16 8 ₅	12 J20
3.	SEX	Female	4 RACE	te	5. DATE C		6. AGE (IN YEARS LAST BIR	YRS	IF UNDER 1 YEAR MONTHS DATS	HOURS MIN.
2	Ma	HPLACE (STATE OR FOREIGN LINITRY) Land		S.A.	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O			M
		or town of death n Burnie	LIE NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET CE Lane		DR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST CO	ION DE WORKING LIE EX	126 KIND INDUSTRY Candy	Company
13 IV	o. ST la T	yland	E OR OTHER INSTITUTION DUNTY A.A.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen But	N	13d INSIDE CITY LIMITS? YES NO 🛣	#7 Joyce I		21061	
10		HER'S NAME Louis	MIDDLE	Reinha		IS MOTHER'S MAIDEN NAV	E.		Har	rison
0 160		AS DECEASED EVER IN U.S. 5, NO QUUNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	217-20-7		Audrey D. Je	nsen Sa	ime as	13e	
or other troumotic eve		8. CAUSE OF DEATH (Enter PART). DEATH WAS CAU IMMED. Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	INCE OF	Cancer of	Colon		66	295
y, or other	f	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, CO DUE TO, CO DUE TO, CO AT CONDITIONS C	OR AS A CONSEQUE	NCE OF	Cancer of NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	NGS USED S OF DEATH?
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y, or other	2 2 2	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN DATE OF OPERATION 1a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, CO OUE TO	OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDI YING CAUSE S	NGS USED S OF DEATH?
CEPTED ATION	2 2 2	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN DO DATE OF OPERATION 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF	DUE TO, CO (b) DUE TO, CO (c) NT CONDITIONS CO 19b. COND 21b. TIME COND HOUR A P 21c. PLACE (AT HOME ST	OR AS A CONSEQUE ONTRIBUTING TO DESCRIPTION OF INJURY OF INJURY OF INJURY IPEET, FACTORY, OFFICE, F The deceased from 19	OPERATIO APM ETC.)	N WAS PERFORMED 21t. HOW INJURY OCCURR 21t. LOCATION STREET 19 77 and that in (my) (aur) apinion of DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO	20b. IF YES IN CERTIF YE IN CERTIF YE WAY TEM 18 P	COUNTY	NGS USED S OF DEATH? NO
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0133	1-	FOR STATE REGISTRAR			FICATE OF DEATH	GIENE 8 S	5 8	4/
deoth deoth	(TYPE		erine E.	R	ush	20 DATE OF DEATH	MONTH DAY YEAR THOAY) IF UNDER 1 YEAR	26. HOUR 2 A M M IF UNDER 24 HRS
urs ofter	3. SE)	female	White	5. DATE (72	YRS.	HOURS MIN,
04 57 min 72 %		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHAT C	MARRIE WIDOWI	ED DIVORCED	9. BALTIMORE CITY OF Anne Ar	undel	MD
10	G:	len Burnie	NANCE 3		R. B.B. R.J.	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	F WORKING LIFE) INDUSTRY	Maker
1 1/2	13a. S	TATE 136 CC	UNTY 113c CIT	pence before addission; Y OR TOWN En Burnie	13d. INSIDE CITY LIMITS? YES NO 🗶	13e STREET ADDRESS / 6660 Shell	ZIP CODE y Road 21	1061
180		THER'S NAME FIRST Charles		Wenger	15. MOTHER'S MAIDEN NA	WIDDLE	Mill	.er
Pope Pope		VAS DECEASED EVER IN U.S. res, no or unknown) (# yes,	GIVE WAR OR DATES!	2-09-6317	Mary Danner	nmann 713 C	resswell Roa	_
been lighted by the other rmin. Then please remove to prior to beviel, cremation, ony injury, or other froum	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 198. DATE OF OPERATION	IT CONDITIONS CONTRIBL	CONSEQUENCE OF	CO CO INOT RELATED TO THE TERMON WAS PERFORMED	MINAL DISEASE OR CONF	DITION GIVEN IN PART 1(20b. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS USED
s certificate has ourial-transit per Mental Hygiene ; r Item 18 shows.		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MO	RY ONTH DAY YEAR 19	21c. HÖW INJURY OCCUP	YES NO	YES 🗌	NO []
Too E			21e PLACE OF INJU		AU LOCATION			
E - 0 /	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
DIRECTOR: After this sched for use os the k Dept. of Health and f Hem 21 is marked o	MEDIC	WHILE NOT WHILE AT WORK 270.1 certify that (I) (this has sow the deceased olive	(AT HOME, STREET, FACTO	ory, OFFICE, FARM, ETC)	and that in (my (our))opinion	, to death occurred on the do	ate and hour and from the	that ((we) last couses stated
TOR: After thi for use os the b of Heolth and a		WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did)	pe or PRINT)	ory, OFFICE, FARM, ETC.) ssed from 19 3.00	street 3 19 Courd that in (my (our)) opinion	, to death occurred on the do	ate and hour and from the	that ((we) last couses stated

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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(VRA 15, 4)

McCully Funeral Home

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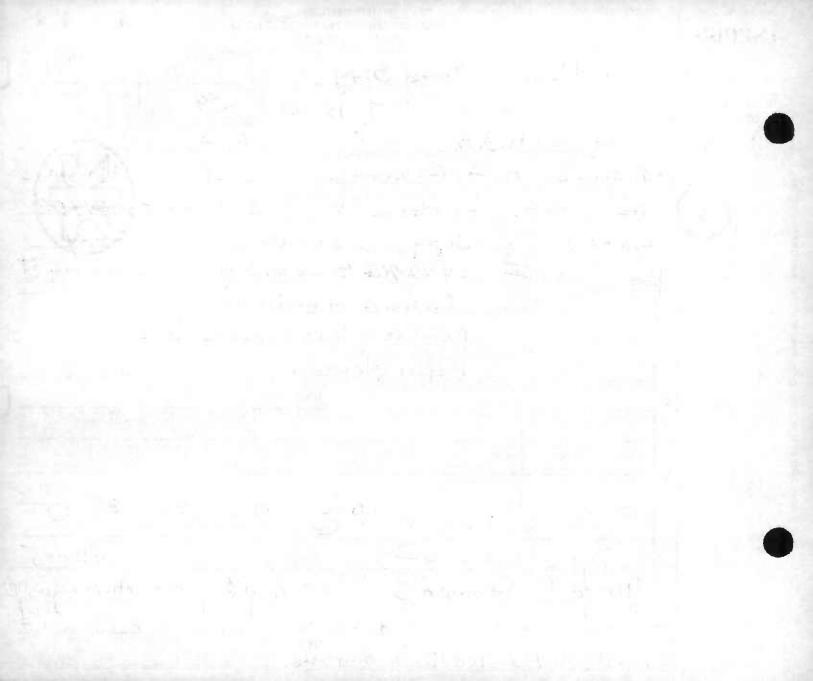
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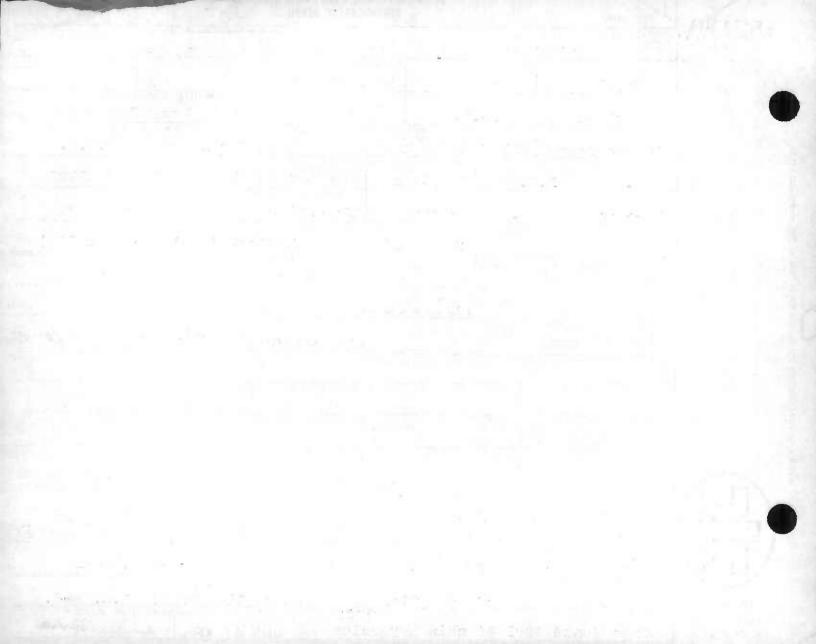
2a DATE OF DEATH 1. DECEASED NAME MONTH 85 (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY LANEYS 13e.STREET ADDRESS / ZIP ADDRESS APPROXIMATE INTERVALE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN (my) pour) apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN (6PECIFY) 112 M 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

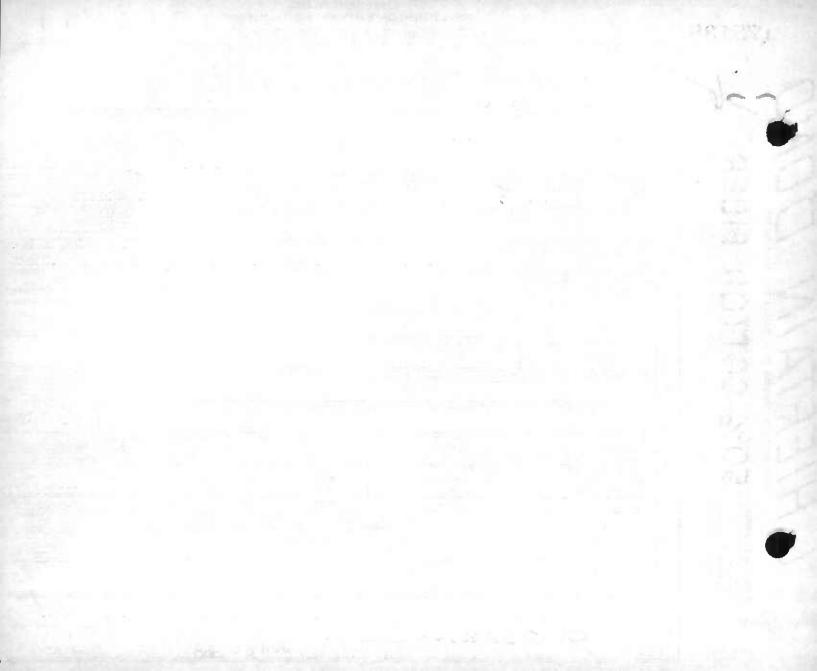
CERTIFICATE OF DEATH

REG. NO





			FOR			DEPARTMENT O	FHEALTH	HAND MENTALI	HYGIENE C'	10 7	100	100	1
1.7	5138	11-	STATE REGISTRAR					CERTIFICATE		REG. NO.	3 0	3	
			CEASED NAME	FIRST		MIDDLE		LAST	20 DATE	KNOWN X M	ONTH DAY	YEAR	2h HOUR
14	W-50-	(TYI	E OR PRINT)	LEONAR	D	JAMES	CI	HIREY	QF.	H MATED J	UNE 17	19 85	
4	0234	3. SE			DATE OF BIRTH	I AGE IN		NDER 1 YR. IF UNDER			ONTH DAY	19 00 YEAR	M 2d. HOUR
and a	20				SEPT.21	YEAR LAST BIRT	HDAY) MONT	HS DAYS HOURS	MIN PRONOI	JNCED TIIN	E 17	0.5	1:40 P M
7	JYZE/		ALE WHI		b. CITIZEN OF WI		I e		0 BAIT	MORE CITY OR C	T /	1985	Рм
NFORSA DA	FOR	FC	REIGN COUNTRY)					IED X NEVER MARK	RIED 🔲	_			
2	N N N N		UTH CAROLI		U.S.	A . PITAL NURSING HO	WIDOV			e Arunde			MD.
3	OTHE FUNERAL PACE 5 FOR YO REHED, WITHIN				(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES		ILK II43111011014	FOR MOST OF W	ORKING LIFE)	0	OR INDUSTR	Y
3	P. W.		len Burnie	PSING HOME OF	101 GRAS		NAME OF THE OWNER OWNER OF THE OWNER		N.S.	4.	- LIA	IL SE	RVICE
21201 F ANY	AND STAND	113a. S	TATE MD	136 COUNTY A.A.	1	GLEN BURI	1	13d. INSIDE CITY LIMITS2 YES NO		ASON RD.	2106	51	- 1
MD.	"TORAN	14. F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	EN NAME	MIDDLE		LAST	
RE,	ST 37 60 6	V	ILLIAM			SHIREY		SALLY		Might	CA	RTER	
WO W	A DO		VAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS	641 HA	ARWICK	DR.
BALTIMORE,	A SA	F	YES	WWI	I	225.36.12	38	MR. JOHN	E. WHITE	SEVERNA	PARK,	, MD. 2	21146
9	8 × F 0		18 CAUSE OF DEAT	H (Enter only	one cause per line	for (a), (b), and (c).)					ar ²	APPROXIMATE I	INTERVAL
PRESTON ST	Z S S Z Z		PART I DEATH W	'AS CAUSED I		Shotqun w	ound t	to chest			BEI	MEEN ONZEL	AND DEATH
124	ENCIL IN ITEA MINER ALON TRANSIT PER INTAL HYGIE OR REMOVAL	-		MANEDIAIL		AS A CONSEQUENC							
H RE	N PENCIL IN I		Conditions, if		(5.)								
3, 3	N N N N N N N N N N N N N N N N N N N		gove rise to couse (a) stating		DUE TO, OR	AS A CONSEQUENC	E OF						
201 ITE	EXAMINER EXAMINER IAL - TRANS O MENTAL I		lying couse lost.		(0)								
DS.	: 1875		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 to				
RECORDS,	MEDING AS A BL AS A BL CREMA	N											
	HEALTH CREY	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CONDI	ION FOR WHICH OP	ERATION W	VAS PERFORMED?			2D	AUTOPSY?	
DIVISION OF VITAL	WORD "F E CHIEF BE USED INT OF HI	F									B	opdy 0	nly
N 10 1	N H B H S	1 8	21a EXTERNAL CAU		21b. TIME OF		21c_H	OW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PART		22	
ON O	OR TO THE	AL	UNDERLYING X			6-17- 19		elf-inflict	-pd				
ISIO	ST S	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY (AT HOME,	211 LO	CATION					
70	WRITI WARDE PAGE 3 TATE D 21201	Z	WHILE AT WORK AT W	WHILE X	hor	TORY, FARM, ETC.)	101	street 1 Gravson I	City OR 1	Burnie,	COUNTY	mindo	STATE
Į.	CATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP ND, 21201 PR					cribed obove, held on	Boo					<u> Turide</u>	I, MIL
N N	AND HA		deoth resulted from				Suicide X		Undetermined	· _	my opinion		
1	RTIF REC ITH IRYL	10	deoth resultad from	i: Noturoi	couses [Accident L	Suicide LA		Undetermined i	nonner,			
	\$ 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ACTUAL / Y	M	2X	0		TITLE (SPECIFY)		1	DATE	10 0	
5	EATA SE	1	SIGNATURE	1	-		^	Assistant	MEDICAL EXA	MINER	SIGNED_6	-18-8	5
Z C	E A S O S		EXAMINER'S NAME (TYPE OR PRINT)	Ann M	. Dixon,	M.D.		ADDRESS 111 I	Penn St.,	Balto.,	MD 2	21201	
9	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23o.R	URIAL CREMATION R			23c. NAME OF C	EMETERY C	ADDRESS	23d. LOCATION				
07/84		(BURIAL			985 GLEN H			GLEN BU	RNIE A	COUNTY	MD.	TE
25M	BP	24 F	UNERAL DIRECTOR	XIP	21/100	1 en		25a. DATE	REC'D. BY REGISTE	AR 256 REGISTRA	AR'S SIGNA	TURE	
(\	DHMH - 17 (R A15 ME (5))	9	INGLETON I	TUNERAL	HOME GI	EN BURNIE	MD 3	1061 JUN	20 1985	المالية المالية المالية	1 ch room list	ando Pir-	
						ULUXLU	4 44 6		LA A	The same and the s	a material of the last	San Charles	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND M	ENTAL HYG	IENE 8	S REG. N	0.	5	8	5	2
	PECEASED NAME	FIRST	٨	100tE	l	AST		2a DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR
		Anna		М.		Simmont	,			6	21	85		٨
3. 5	EX	4	RACE		5 DATE C		WE AD	6 AGE (INV	EARS LAST BIR	THDAY)	MONIH	DER I YEAR	HOURS	R 24 HRS
1	Female		Whi	te	5	25	23		62	YRS		DATS	1100%3	MIN.
7 a.	BIRTHPLACE (STATE OF I	FOREIGN 76	CITIZEN OF	VHAT COUNTRY?	8 AAA DDIE	D NEVER MA	APPIED [9 BALTIMORE CITY OR COUNTY OF DEATH						
1	West Virgi	nia	U	S.A.	WIDOWE		ORCED	- Labour A mind of						MI
11	CITY OR TOWN OF DEA	ATH 11	NAME OF H	OSPITAL, NURSIN FRACILITY, GIVE STREET nda Avent	ADDRESS)	- Garde	TUTION	12a. USUAL C (TYPE OF WORK House	FOR MOST C		LIFE) IN	b. KIND C DUSTRY Home		ESS OF
130	UAL RESIDENCE (IF NURS I STATE aryland	13b COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Linthicu	/N	13d. INSIDE CIT	13e STREET A 208	DDRESS Linda			21	.090		
14.	FATHER'S NAME		Thomps		son	on Fana		ME	WIOOFE			O M	alle	y
160	WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARME (IF YES, GIVE W		215-16-		Joyce	Bagro	wski	MI 525 (lers Thale	vill t We	e, M	ld 21	.108
	18 CAUSE OF DEAT PART I. DEATH W Conditions, if any,	/AS CAUSED I IMMEDIATE (, which	CAUSE (0)	Propriotion on AROI	0	Lespa To	ralon	i H.	mer 1 h	Jas	cho	APPROXI BETWEEN	MATE INTE	RVAL) DEATH
	couse (a), statin	ng the	DUE TO, OF	AS A CONSEQUE	ence of		U							
NO	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS <u>CC</u>	INTRIBUTING TO I	DEATH BUT	NOT RELATED T	INAL DISEASI	DITION	GIVEN IN PART 110					
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTO	PSY?	IN CER		CAUSES		TH?
		CAUSE OF DEATH	21b, TIME OF HOUR A./	M. MONTH DA	AY YEAR	21c HOW INJ	URY OCCURE	RED (ENTERNA	TURE OF INJU	RY IN ITEM 1	8 PARTIO	R PART 2)		
MEDICAL	AMULE MOI WHILE			EET, FACTORY, OFFICE, F		21f LOCATION	V		CITY OR TO	WN	C	OUNTY		STATE
	WHILE NOT WHILE		ottended the	deceased from 2	35-0	nd that in (my) (s	, 19 <u>83</u>	to	d on the d	ote and h	. 19		that (I) (

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

CTATE OF MARYLAND

BP DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is morked or Item 18 shaws any

saw the deceased alive on

230. BURIAL, CREMATION, REMOVAL (SPECIFY Burial

24 FUNERAL DIRECTOR George J. Gonce 4001 RitchTe Hgwy Balto Md

6/24/85

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

A A

STATE

Md

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

Balto

23d. LOCATION

STAFF

14 WELLHAM

MEDICAL

BURNIB

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seller o				er, sledi		eral Heal.
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	1	FOR					I AND MENTAL H			Page	Sig by	3
179047	1.	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	REG. N	10	0 0	
		CEASED NAME FIR	RST		MIDDLE		LAST	20 D	ATE KNOWN		DAY YEAR	26 HOUR
1 /2000	(TY	PE OR PRINT)	nis			Cl	rooto		OF ESTI-		13 19 85	
10/35=5#	3. SE		5 D4	TE OF BIRTH	6. AGE (IN YE		cete VDER 1 YR. IF UNDER		OATE	MONTH	DAY YEAR	2d HOUR
2000年15	10	Mair Blook	MOI	NTH DAY	YEAR LAST BIRTHD	AY) MONT		MIN. PRON	OUNCED DE AD	_	17 05	5:30 a M
479ZEV		Main Black IRTHPLACE (STATE OR		TIZEN OF WH	AT COUNTRY?	RS.			LTIMORE CITY	6	17 1985	l a M
HAREN A	/0. B	DREIGN COUNTRY)	78. 0		AT COUNTRY?		IED NEVER MARRI	IED 🖳		_		
AST.		TRINIDAD		U.S.A		WIDOV					County	
5. 五五五四	10. C	ITY OR TOWN OF DEATH	111. N	F NOT IN SUCH FAC	PITAL, NURSING HOM		IER INSTITUTION	FOR MOST O	CCUPATION (TO F WORKING LIFE)	YPE OF WORK	126 KIND OF BU OR INDUST	ISINESS RY
Sold Col	10	Glen Burnie		6442 H	larrison Sq	uare			enk		LIVE	
1 2 2 2 2 3 S		AL RESIDENCE (IF IN NURSING F	OUNTY	R INSTITUTION, GIV	RESIDENCE BEFORE ADMISS	ON)	113d. INSIDE CITY LIMITS?	13e STREET A			111111111111111111111111111111111111111	11
# 32 m 30 m			me Air	155	Glen Burn		YES NO		HATTINE	Same	Alo	2/
NH THE	_	ATHER'S NAME			13100 10001		15 MOTHER'S MAIDE			a, ac		
N H 204	1	FIRST	MIDE	OLE	Skech		FIRST		WIDDLE	0	LAST	
8 885	160.	WAS DECEASED EVER IN U.S	SAPMEDE	OPCESS	166. SOCIAL SECURIT		17 INFORMANT		ADDRES		efer	
TIME TER FOR FOR	()	(ES, NO, OR UNKNOWN) (IF YES	S, GIVE WAR OF	DATES)	100. SOCIAL SECONII	1110.	17. 11.41 010,17,171		ADDICES	13		
BAL WITH WITH DIVIS												
		18 CAUSE OF DEATH (Ent PART I DEATH WAS CA	ter only one								APPROXIMATI	T AND DEATH
PRESTON ST., THIN 24 HOUR TIL IN ITEM 1# WER ALONG WANSIT PERMIT AL HYGIENE, D REMOVAL.			EDIATE CAL	JSE (a) GU	inshot woun	d of	head					
PRESTON THIN 24 H CIL IN ITEM VER ALON ALN HYGIEN REMOVAL			(DUE TO, OR	AS A CONSEQUENCE	OF						
AITHIN VILL IN VILL VILL		Canditions, if any, v		(b)								
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	Z				The state of the s	IIIAE OISERS	C OK CONDITION DIVER IN TA	KI I TUI.				
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O PER A O PER A PE		210 EXTERNAL CAUSE WA	45	11b. TIME OF HOUR A.M.	MONTH DAY YEA	R Zic H	OW INJURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM ?	8 PART I OR PAR	RT 2)	
DIVISION S CERTIFIC RITING TH REDED TO SE 3 SHOUL E DEPARTI OI PRIDR	MEDICAL	CONTRIBUTING CAUSE	E OF DEATH		6 13 19 8	5 St	ubject shot	-				
	9	21d. INJURY OCCURRED			FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY	OR TOWN		UNTY	67.475
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753442							TV3					
DICAL EXAMINER: T TE THE CERTIFICATE, A SHOULD BE FORW WERAL DIRECTOR: P DEATH, WITH THE ST OFF. MARYLAND, 2		22a I certify that I took				Autop				and in my op	oinion	
ME WOLL		death resulted from:	Natural cau	ises L	Accident . Su	ncide	Hamicide X	Undetermine	d manner			
A A A B B B B B B B B B B B B B B B B B		ACTUAL A	1	2-			TITLE (SPECIFY)			DATE	C 10:	7.405
CAL EX SHOULD ERAL DIR SATH, WIL	4	SIGNATURE V	-	- Y	V	N	Assistant	MEDICAL E	XAMINER	SIGNE	6/1	7/85
NE S S S S S S S S S S S S S S S S S S S	1	EVALUED'S NIA (AE		1								
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	Ann	M. Dix	on, M.D.		ADDRESS 111 F	Penn St.	Balto	MD.		
53 4 5 4 6 A A	23o. B	URIAL, CREMATION, REMOV	VAL 23b. DA	TĒ	23c. NAME OF CE	METERY C	R CREMATORY	23d. LOCATE	NC	COUN	NITY	ATE
07/84 BP	(specify)	Our	£ 20 198	3 Cedan	Him			land.	P.6		arelow
25M	24 F	UNERAL DIRECTOR	0					REC'D. BY REGI	STRAR 256 REC			
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(AK WID IME (D))	1 0	r. B. Genkins F.H	1. 1	474 C	Andour Ke	rang	Duryua Ul	UIT ZI J	MOO	MAININ	HAJO7 7 (- 10"	

3 DREG. NO.	5	8	5	1
TE OF DEATH MONTH	DAY	VEAD	(a)))	OLIDA

- 1	REGISTRAR		CERTIFICATE OF DEATH		REG. NO.				
	DECEASED NAME FIRST MIDDLE		LAS	ī	20 DATE OF DEATH MONTH	DAY YEAR	76 HOUR		
	(TYPE OR PRINT) ELEANO	OR EUPHEMIA	SMI	TH	JUNE 20.	1985	10:35AM		
	3. SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
	Female	White	Apri	1 27, 1928		RS.	HOURS MIN.		
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	IZEN OF WHAT COUNTRY?			9 BALTIMORE CITY OR COUNTY OF DEATH			
2	Maryland	United States	WIDOWED	DIVORCED [ANNE ARUNDEL COUNTY MD.				
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OTHER INSTITUTION	128. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY				
	GLEN BURNIE				House-wife	Hom	ie		
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 13b. COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW			13e STREET ADDRESS / ZIP (CODE			
/		Arundel Pasadena		YES NO. X 8234 Bodkin Ave.			22		
1	14. FATHER'S NAME	MIDDLE LAST		IS. MOTHER'S MAIDEN N	AME		AST		
C	? unknown	- Tate		Marie	MIDDLE	3	וא ש ש		
à	16a WAS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 215-24-9	0810	John S. Smi	th Cm / 923/ 1	Bodkin Av	(21122)		
				JUIL D. BIII	UI SP./ 0294		XIMATE INTERVAL I ONSET AND DEATH		
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY:	is all	1/2 1/2	n - L	BETWEEN	ONSET AND DEATH		
	IMMEDIA	TE CAUSE (b)	-0-90	nic Julio	2.0	- 10 -	- ,		
		DUE TO, OR AS A GONSEQUENCE OF acute myocandial infarction.							
	Conditions, if any, which gave rise to immediate								
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	ald my	ocardial in	farchon	-1977.		
		(1c)							
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
_	190 DATE OF OPERATION 210. ACCIDENT WAS DATE OF THE	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED							
2.	O DATE OF OPERATION	N/A YES NOTE YES NOT							
	I N/H								
		216 TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	ZIE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE.	M 18 PART OR PART 2)			
	(IF EITHER, NOTIFY MEDICAL EXAMINES		19	10/0	7	7			
	OR CONTRIBUTINGI/CAUSE OF DE/	21e PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY	STATE		
	WHILE NOT WHILE AT WORK		0			``			
	270 I certify that (I) (this hospital) attended the deceased from 1985, to June 201985, that (I) (we) lost								
	saw the deceased alive on	saw the deceased alive on							
	77h SEDMATURE	726. DATE SIGNED							
	Joenjar	denjamin de Duzman MPHYSICIAN M				1 1061	120/85		
	77 PHYSICIAN'S MAME (TYPE OR PRINT) 220. ADDRESS , 325		HOSPITAL DRIVE, #108						
	BENJAMIN A.		GLEN BURNIE, MARYLAND 21061						
	COUNTY	STATE							
Burial June 22.85 Glen Haven Mem. Cem. Glen Burnie, Anne Arundel, Mc									
	Mountain & Tick Neck Rds. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE. McChilly Tuneral Home / Pasadena Md. 21122								
	McCully Funeral Home/ Pasadena, Md. 21122								
	V								

DHMH - 16 50M 4/83 (VRA 15, 4)



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4 22		CEASED NAME FIRST OR PRINT) John	MIDDLE	Smit	n.		June		.985	26 HOUR O P
4 of the district of the distr	3. SE	(4 RACE	5. DATE C		YE 287	AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Towns Pours	70. BI	Male RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	White 76 CHIZEN OF WHAT OF U.S.A.		NEVER MA		Anne Ar	_	OF DEATH	MD.
(*)v	1	ry or town of death Pasadena asedena	3503 Loch	earn Court	Apt. C		Ouality	ATION LE OF WORKING LIFE Lng.	126 KIND C INDIISTEV Gove	ernment
filled tourid be could be	13o. S		NTY 13c CI	IDENCE BEFORE ADMISSION) TY OR TOWN AS A CENA BEGINS		KKKON	3e.STREET ADDRES	s / ZIP CODE hearn C	t. Apt	. c.
ompletel and 2 st		THER'S NAME Louis M.	MIDDLE	sm it h		äbeth	MIDDLE	Young	(Unit	(nown)
be execut		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) THE YES G		5-24-8092	17 INFORMAN	an M. S	mith 3503	Lochea	22 rn Ct.	Apt. C
been signed by the attending that The part of the other signed by the attending that The prior to burial, cremation, or any injury, or ather traumatic	ATION	Conditions, if ony, which gove rise to immediate cause (D), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT OR WHICH OPERATIO			VAL DISEASE OR CO	20b. IF YES	, WERE FINDI	NGS USED
SICIAN: The lang physician. certificate has rial-tronsit per ental Hygiene item 18 shows	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CIF EITHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED	HOUR A.M. M	ONTH DAY YEAR	21c HOW INJU		YES NO] YE		NO [
DK ATTENDING PH. hospital ar attention of the place of the for use as the lept. of Health and Item 21 is marked.	ME	WHILE ANORK NOT WHILE AND WORK AND WORK 100 Sow the deceased alive a above, (1) (the light did not sow the deceased alive a above, (1) (the light did not sow the deceased alive a above, (1) (the light did not sow the deceased alive a above, (2) (the light did not sow the deceased alive a above the deceased alive a above the deceased alive a above the deceased alive a sow the deceased alive a above the deceased alive a abov	(AT HOME, STREET, FACTOR (AT HOME, STREET, FACTOR (AT HOME), STREET, F	osed from	STREET STREET The street of	, 19	. to	e date and hou		
TO HOSPITAL Cretained by the TO FUNERAL Eshauld be deton with the State Elimphoran Information of the Post of the State Elimportants if the State Elimportants is the State Elimportants of the State Elimportants of the State Elimportants of the State Elimphorants of the State El		Paul E. Gorn SURIAL, CREMATION, REMOVA BUTIAL	nley		22e ADDRESS	Agnes H	ospital		COUNTY	Maryland
BP DHMH = 16 50M 4/83 (VRA 15, 4)	24 F	uneral director Hubbard Funeral		2	1229	250, DALE		AD 25W DEC IST	RAR'S SIGNA	TLIDE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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(VRA 15, 4)

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George Gonce 4001 Ritchie Hwy Balto Md.

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

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183002	1.	STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG. NO.	**
noy be page 3 sr deoth		CEASED NAME FIRST LAWRO	MIDDLE	Starlings	20. DATE OF DEATH MONTH	21 85 350
Page 4 may director, pag hours after de	3. SE	Female	4. RACE White	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
or 72		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	
the dree		ity or town of DEATH	1). NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK TOMEMAKEY	
filled in by rould be filed in filled in filed i	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 134. CITY OR TOW Trundel Annapoli	E ADMISSION) (N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	St 21401
within		ATHER'S NAME	NIDDLE LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
n and comp	160.	VAS DECEASED EVER IN U.S. AR. YES NOORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU		ndestu- An	2-1725 River Ro
ficore by thysicion popers.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per la lor (a) (b), and by: CALISE (a)	PULMONAR	Y ARRES	APPROXIMATE INTERVAL
he death certition be attending premove carban matian, or remove troumotic even		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	EDING DIA	THESIS WI	res
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quires signed then pla to burn njury, o	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition	N GIVEN IN PART 1(0)
nn. has bee permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The long physician. certificate has rial-transit per tem 18 shower tem 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LIGHT A M. MONTELL -	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
S PHYSIC of this cer the burio ond Meni	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDING Dital or of TOR: After for use as of Health		220.1 certify that (I) (this hospit saw the deceased alive on	off offended the deceased from	, and that in (my) (aur) apinio	on death occurred on the date on	d hour and from the causes stated
TAL OK ATTEN y the hospitol AAL DIRECTOR detoched for u ate Dept. of He u T: If Hem 21 is		obove, (I) (and) saled 20 d no 22b. SIGNATURE	whe body ofter death	DEGREE MD ATTENDING PHYSICIAN		22c. DATE SIGNED 6-2/.85
HOSPII ned b FUNEF Jid be i the St		22d. PHYSICIAN'S NAME AYPEO	RPRINT)	22e ADDRESS ELL	HAM AVE	(NW) \$101
BP Short	23a	BURIAL, CREMATION, REMOVAL SPECITY)	17 0250	NAME OF CEMETERY OR CREMATORY	OCITY OR TOWN	ACOUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR	Ola al Dodress	Hillcrest 250. D.	ATE REC'D. BY REGISTRAR 256. P. JUN 2 6 1985	EGISTRAN'S SIGNATURE MARIE
		illor luneral	Chapel-Hona	011121110	0 1000	

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				STATE OF M	ARYLAND		100 DE 100 VIII	
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1/2034	1-	STATE REGISTRAR	MEDICAL E	XAMINER'S C	ERTIFICATE O	F DEATH	C 110	
	1.0	CEASED NAME FIRST	MIDDLE		LAST		G. NO.	
		PE OR PRINT)	WINDEL .		LAST	20. DATE KNOW OF ESTI-	MONTH DAY YEAR 26	. HOUR
W = 45 25 15	1	Orlan	do	Step	nev	DEATH MATE	6-22 19 85	M
로 등 등 등 등 등 등	3. SE	X 4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF UN	DER TYR. IF UNDER			d. HOUR
- W - T 55		nal Black	MONTH DAY YEAR	LAST BIRTHDAY) MONTH	S DAYS HOURS	MIN PRONOUNCED DEAD	6 00 05 7	7:09
19000	1.1	17/16	8 24 68	16 YRS.			0-22 19 00 p	
图10年第7	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	RY? 8 MARRI	ED ENEVER MARRI	ED 3. BALTIMORE C	ITY OR COUNTY OF DEATH	
35.2 E.	1	Md.	U.S.A	WIDOW		ED Anne Ar	undel County,	MD
RE, MD. 21201 FEATH. IF ANY DELAY IS SES 1, 2, AND 3 TO THE AND 2 SHOULD BE FILED AND 2 SHOULD BE FILED FAVIAL RECORDS, 201	10. C	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR		ER INSTITUTION	120 USUAL OCCUPATION	Y (TYPE OF WORK 126 KIND OF BUSIN	VESS
> F & E &	7	2	(IF NOT IN SUCH FACILITY, GIVE ST			FOR MOST OF WORKING LIFE		
JAC 2 H 8	- TICLL	Annapolis	Anne Arundel		ospital	13/406	NI	
SED 3	1300	AL RESIDENCE (IF IN NURSING HOME C			13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	1000100	-
ANN AND SETA	7	ndH	4 154	VERN	YES NO	18179 V	illage Rd	
MD. MD. M. 3. M. 3. S.	2 14. F	ATHER'S NAME			15. MOTHER'S MAIDE	N NAME		
HI WAS	154) /wst	MIDDLE SY	ASF	Cheic	MIDDLE	Religion	
0 005 0		y arry	O Cep	ney	C/1/	INE	DY00 US	
IN STAN	1100	WAS DECEASED EVEN IN U.S. ARM	MED FORCES? THIS SOC	IAL SECURITY NO.	17. INFORMANT	ADD	RESS	
BALTIMORE. RS AFIER DEA GIVE PAGES VITH FORM P PAGES 1 AN		NO 1 -	- '-		ChRIST	TWE BROOT	5-8/791/Wask	· Xa
		18 CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b),	and (c))			APPROXIMATE INT	TERVAL
Z O CONT		PART I DEATH WAS CAUSED	BY:	,			BETWEEN ONLY AN	ID DEATH
TON ST 24 HO ITEM 1 ICONG ICONG ICONG ICONG ICONG ICONG	1	GID 2 IMMEDIAT	CAOSE (O)	ning				
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201 W. UTED W IN PENG EXAMINE EXAMINE O MENT ON, OR		lying cause last.						
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A A S S S S S S S S S S S S S S S S S S	7	TAKE 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO GEATH BUT NUT KELA	EO IO INE IERMINAL DISEASE	UK CUNUITION GIVEN IN PA	Ri I Ia.		
RECORDS, LD BE EXEC PENDING" MEDICAL D AS A BUIR HEALTH ANN CREMATII	CERTIFICATION							
A SECTION A	13	19a DATE OF OPERATION	196 CONDITION FOR V	vhich operation w	AS PERFORMED?		20 AUTOPSY?	
SHOUL SHOUL CHIEF SE USEE	/ E						YES XX N	NO []
OF V ATE S THE CLD BE WENT		21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HC	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT		
5 SH-385	7 3	UNDERLYING XX OR	HOUNT MONTH	DAY YEAR				
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUL E DEPARTI	MEDICAL	CONTRIBUTING CAUSE OF				ned while sw	ımmıng	
VIS 3 S S S S S S S S S S S S S S S S S S	- Q	21d INJURY OCCURRED	218 PLACE OF INJURY STREET, FACTORY, FARM, ET		CATION	CITY OR TOWN	COUNTY	STATE
Z KRIS S	2	WHILE NOT WHILE AT WORK	Beach		-		ndel Co., Marylar	-
T X Y Y Y							nacr co., rangra	1100
SE SE SE	11	22a I certify that I taok chorg	e of the remains described above	ve, held an Autops	y X, Inspection	n 🔲 , Inquiry 🔲 ,	and in my opinion	
¥E#C7€	1	death resulted fram: Natur	al couses Accident	XX Suicide	, Homicide .	Undetermined manner		
AN IN PROPERTY	7		MATI	11/100	TITLE (SPECIFY)			
A TOUR LE		ACTUAL SIGNATURE ULL	UM / Drug	Th/VID	Assistant		DATE 6-23-85	
SH SH SH	18	SIGNATURE		Jan V.V.M.	prostotant	MEDICAL EXAMINER	SIGNED 0-23-03	
A S S S S S S S S S S S S S S S S S S S	R	EXAMINER'S NAME DOT	nis F. Smyth	M.D.	111	Penn St., Ba	lto., Md. 21201	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HEXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEMPRED SHOULD BE USED AS A BURIAL - TRANSIT PER AFTER DEATH, WITH-THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BALLWORE, MARYMAND, 21701, PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(THE ORTRING)	ILLS F. SIIIYUL	п.р.	ADDRESS		100., PM. 21201	
595549	23a.	URTAL, CREMATION, RIMOVAL 2	/	AME OF CEMETERY O	REMATORY	23d. LOCATION	COUNTY STATE	0
07/84 BP	6	Durial	6-27-85 1	nt Ta	bor	(ennal)	is AA M	X
25M	24	RAL DIRECTOR			25a. DATE	REC'D. BY REGISTR AR 256.	REGISTRAR'S SIGNATURE	
DHMH - 17 (VR A15 ME (5))	1	Connet Som	SODRESS / (a)	+11-	1.1.	25 000	- Indell	
(VK A13 ME (5))	- 6	Celled Co.	15-0214	a wany	acroind !	25 1005		.4.



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(VRA 15, 4)

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168022	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 5	5	3	6 1
		CEASED NAME	FIRST		MIDDLE	į,	AST .	20 DATE OF DEATH	MONTH DAY		2b. HOUR
poge 3	,		RAKE	VICT	ORIA 57	INCH	ComB	JU	NE 12	89	7- M
	3. SE	х	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
ge 4		FEMALE		WHITE		SEP	T.24,1902	82	YRS	ns DATS	NOURS I MIN.
2 1009	7a. B	RTHPLACE (STATE OR FO	REIGN 71	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
eo the		MARYLAND		U.S.	Α.	WIDOWE		ANNE ARI	JNDEL CO	•	MD.
by the fu	1)	ITY OR TOWN OF DEAT LEN BURNIE		(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET ARUNDEL C	ADDRESS)	OR OTHER INSTITUTION CENTER	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAKER	2b. KIND OF NDUSTRY OWN HO	BUSINESS OR	
filled in b	13a :	AL RESIDENCE (IF NURSIN STATE MD	IG HOME OR O 13b. COUNT A.A	Υ	130. CITY OR TOW SEVERN	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1227 OLD	ZIP CODE	DE RD	. 21144
within a short of the state of	14. F	ATHER'S NAME					15. MOTHER'S MAIDEN N.				
d wil	R	UBERT	MELV	IN	BOYER		MAZZIE	IRENE		DURÑ	ER
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FOR - STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

**CERTIFICATE OF DEATH** 

LAST

REG. NO.

STATE

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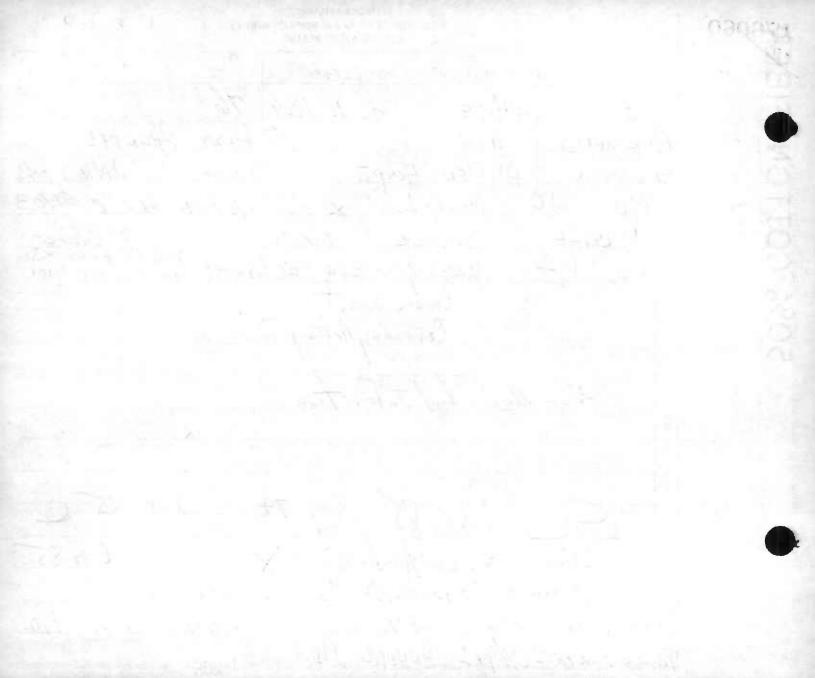
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IF UNDER 24 HRS

20 DATE OF DEATH



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

- STATE

Miller Inc. -6415 Belair Rd. -21206

Parkwood (emetery

BY REGISTRAR 254 REGISTRAR'S SIGNATURE

2b. HOUR

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

INDUSTRY

COUNTY

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THE CONTRACT CARD Last Minde Harris March 1997 Control of the State of the 

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DECEASED NAME (1/PE OR PRINT)  RA  SEX  A L  O. BIRTHPLACE (STATE WASHING & COUNTRY)  O CITY OR TOWN OF I	E OR FOREIGN 76	J RACE WHITE	TA YLO			JUNE	DAY YEAR 09, 198	26. HOUR 5
SEX A L  BIRTHPLACE (STATE COUNTRY) WASHINGEO	E OR FOREIGN 76	1.1	5 DATE OF BI			UNE	09, 198	5 0124
A L BIRTHPLACE (STATE COUNTRY) WASHING & C	E OR FOREIGN 76	1.1		RTH				
WASHINGEC			4	B / YEAR	6	YEARS LAST BIRTHDAY)	MONTHS DAYS	
CITY OR TOWN OF	N, D.C	· US A	MARRIED WIDOWED	NEVER MARRIED	-	ORE CITÝ <u>OR</u> COU ANNE ARTI	INTY OF DEATH	NTY M
GLEN BU	RNIE	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST NORTH ARUN	RSING HOME OR O	THER INSTITUTION	I IZa USUA	OCCUPATION  ORK FOR A SELF WORK I	12b. KIND	OF BUSINESS OF
JSUAL RESIDENCE (IFN 30. STATE	13b. COUNT	THER INSTITUTION, GIVE RESIDENCE BY LANGUE BY EDGEW	VATER Y	SXX NO [	3011		BLEL DR.	21037 - <b>2</b> //47
JOSHUA	MI	TAYLOR	15.	NELL'IE	NNAME	widdle M1	UTCH	AST
		A STEEL STEEL			. BEALL	SAME AS	13E	
underlying co	use lost.	ONDITIONS CONTRIBUTING	TO DEATH BUT NO			TOPSY? 20b IF	F YES, WERE FIND	INGS USED
OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21	c. HOW INJURY O	YES URRED (ENTER	NO INJURY IN ITEM	YES	NO [
21d. INJURY OCC	URRED	21e. PLACE OF INJURY	21	LOCATION STREET		CITY OR TOWN	COUNTY	STATE
sow the dece obove, (1) (we			19, and th		nion death occur	red on the dote and	hour and from th	
	Je	82		ATTENDII PHYSICI	NG MEDICA AN DIRECTO	L STAFF R PHYSICIAN		E SIGNED
	0		22				E ROAD	
	N, REMOVAL		23. NAME OF CEME					
	REATHER'S NAME JOSHUA  SO WAS DECEASED EV YES, SOR UNKNOWN YES  18 CAUSE OF DE PART I. DEATH  Conditions, if o gove rise to couse (o), st underlying co  PART 2. OTHER'S  190. DATE OF OPE 6-3- 210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY M 21d. INJURY OCC WHILE WHILE 220.1 certify that sow the decc obove, (1) (we 22d. PHYSICIAN'S  GEOR	I FATHER'S NAME  JOSHUA  SO WAS DECEASED EVER IN U.S. ARM  YES NO OR UNKNOWN (FYES OVER IN WILL IN THE INTERPRETATION OF THE INTERPRETATION OR CONTRIBUTING OR CONTRIBUTION OR	TAYLORS  FATHER'S NAME  JOSHUA  TAYLORS  16b. SOCIAL S  2.14-  18 CAUSE OF DEATH (Enter only one cause per line for tol, the part I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO)  DUE TO, OR AS A CONSE  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  TAYLORS  DUE TO, OR AS A CONSE  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  TAYLORS  19b. SOCIAL S  21b. TIME OF INJURY  HOUR A.M. MONTH  P.M.  21c. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OF A CONSE, SIGNATURE  22d. PHYSICIAN'S NAME PYPE OR PRINT)  GEORGE S. TAN	EDGEWATER  YES  FATHER'S NAME  JOSHUA  TAYLOR  TO THE SECURITY NO.  TO THE SECURI	TAYLOR IS. MOTHER'S MAIDE  JOSHUA MIDDLE TAYLOR IS. MOTHER'S MAIDE  JOSHUA TAYLOR IS. MOTHER'S MAIDE  MELLETE  NELLETE  NELETE  NELLETE  N	A BUGEWATER  VESTX NO 30/10  15. MOTHER'S NAME  JOSHUA  TAYLORS  TENDRAM  NELLIE  IS. MOTHER'S NAME  NELLIE  TENDRAM  NELLIE  TENDRAM  NELLIE  TENDRAM  NELLIE  TENDRAM  LINDA C. BENALL  TAYLORS  TAYLORS  TAYLORS  TAYLORS  TAYLORS  TAYLORS  TAYLORS  TAYLORS  TAYLORS  TO SET TO	EDGEWATER  VES NO D  300 - HAND  IS MOTHER'S MAIDEN NAME  JOSHUA  MIDDLE  TAYLORS  IS MOTHER'S MAIDEN NAME  NELETE  MIDDLE  MI	EATHER'S NAME

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PATSICIAN. The law requires that the death certificate be executed without 24 Nove, other death. Page 4 may be intended inherence.	within 24 King after diedli. Page 4 may be

-	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	5 8	6
	DEC	EASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH			26 HOUR
	/	CHA	ARLES	E	DWARD	T	HORNE		7, 1985		10:30
1	SE)			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MI
	1	MALE		WHITE	33.5	JULY	10, DAY 1948 YEAR	36	YRS.		
3	C	RTHPLACE (STATE OR FOUNTRY) MARYLAND	OREIGN	76 CITIZEN OF	WHAT COUNTRY?  A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O ANNE ARUN	_	FDEATH	
0		Y OR TOWN OF DEA  PASADENA	тн	(IF NOT IN SUC	HOSPITAL, NURSIN EH FACILITY, GIVE STREET A CAGULL DRI	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE STREET OF WORK FOR MOST CONTROL OF THE STREET OF THE STREE			F BUSINESS (
3	13a. S	L RESIDENCE (IF NURSI TATE MD	NG HOME OR 13b COUN A.A	VTY	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  PASADEN	N	13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS A		21	122
ni	I. FA	THER'S NAME	No. 1	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	T.
41		JOHN		H.	KRAUS	S	MARGARET	M.		GRIM	
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT (W	(IFE) ADDRE	SS		
/		ES NO OR UNKNOWN)		NE	212.52.3	332	SHIRLEY J. T	HORNE SAME	AS #1	3	
	NC	Conditions, if any, gove rise to imm couse 101, statin underlying cause PART 2. OTHER SIGN	ediote g the last.	(c)_	ONTRIBUTING TO D		NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVEN	N IN PART III	2
2	TIFICATION	90 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b. IF YES, YES YES	WERE FINDING CAUSES	
1	CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DE	HOUR A	DF INJURY .m. month da .m.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
	MEDICAL	21d INJURY OCCURR	OLE		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		27s I certify that (1) taw the decease	d alive an	tine	26 19 8	fr.	nd that in (my) ( <del>our)</del> apinion	death occurred an the de	ate and have c		that (I) (we) I couses stated
,		The NATURE  TO MATURE  22d PHYSICIAN'S NA	ud	m De	Arm	A	ATTENDING PHYSICIAN	ANEDICAL STA DIRECTOR   PHYSIC		224. DATE	SIGNED
/		CORNELIA	A DET	TMER MD			1277 GREEN	HOLLY DRIVE	ANNAP	DLIS, M	D.
		LIDIAL COSTALIZACIONI		Tool Days	122. 1	LANE OF C	FILETERY OR CREW IVORY	Tast LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

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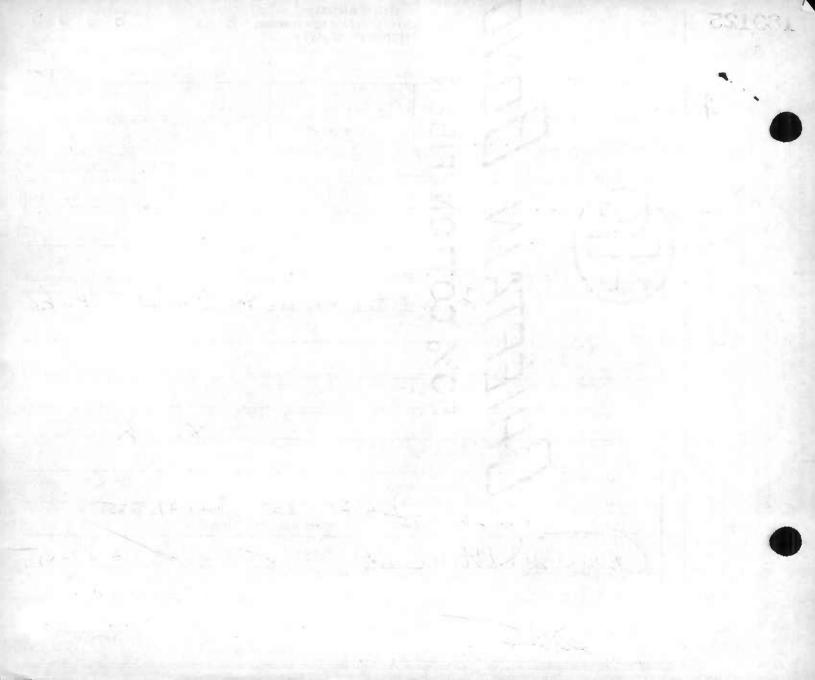
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that (I) (we) lost

24 FUNERAL DIRECTOR SINGLETON FUNERAL HOME GLEN BURNIE, MD.21061

1,1985



be th	(1Ab	FRE	DERIC	K R		VAN	KIRK	SI	JUNE	25	, 1985	1129	I
011	3.3E	Male	·	4 RACE White		5. DATE O			GE (IN YEARS LAST BIRTH	YRS.	FUNDER I YEAR	IF UNDER 24 H	RS IN.
in 72 hau	70. B	RTHPLACE (STATE OR FI	OREIGN	U.S.A	what coun	MARRIED	NEVER MARRIED  DIVORCED	9 B	ANNE A	COUNTY	OF DEATH EL COUN	TY	MD
by the fulled with	10 C	GLEN BUR				DEL HOS	ROTHER INSTITUTION PITAL		USUAL OCCUPATION PE OF WORK FOR MOST OF V	WORKING LIFE		City	
filled in	130	at residence (IF NURSI STATE laryland	13b COUP Al	OTHER INSTITUTION	130. Lint	sefore admission) TOWN Chicum	136 INSIDE CITY LIMITS	5?   13e	STREET ADDRESS / 2	zip code elanc	d Rd.	21090	)
and a second		ather's NAME Villiam		MIDDLE	VanKi		AITCE		Nevada			pple	
n and reference of execution of the second o		WAS DECEASED EVER	(IF YESTON	MED FORCES?	218-1	0-7598	Sally Va	nKij	rk Linthi	Cle cum,	evelan Md.21	doRd.	,
n. n. nos been signed by the attending permit. Then please remove con ne prior to buriol, cremotion, o ws any injury, or other troumof	CERTIFICATION	Conditions, if any, gove rise to insecuse in station anderlying course PART 2. OTHER SIGN	last	DUE TO, O	retro	TO BEATH BUT	NOT RELATED TO THE TO	Hay	Pon AUTOPSY	20b. IF YES MN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?	
ned by the haspital or attending physician and by the haspital or attending physician EUNERAL DIRECTOR: After this certificate hald be detached for use as the burial-transit pithe State Dept of Health and Mental Hygier the State Dept of Health and Mental Hygier DRIANT: If them 21 is marked or tem 18 show	MEDICAL CERTI	21a. ACCIDENT WAS UND OR CONTRIBUTING CHE EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHITE NOTIFY MEDIC 22a. Certify that (1) sow the decease above, (1) (we) (d) 22b. SIGNAT JPF	AUSE OF DE/ AL EXAMINER ED IIE (this hospind of olive on iid) (did no	21e. PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY, OF	TO STATE OF THE ST	211 LOCATION SIREET  211 LOCATION SIREET  19 d-that in (my) (our) opin DEGREE  ATTENDING PHYSICIAN	S , nion deotl	CITY OR TOWN	, 1 e and hour	COUNTY ond from the	SIGNED -	lost
TO HOSPITA retained by TO FUNER, should be d with the Sto	230	TRNES	A.	TOLENTI		23¢ NAME OF C	GLEN GLEN	BURN	IE, MARYLA				
BP		Burial		6-29		Loudo			Baltimo	re	COUNTY	Md.	,

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DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

McCully Funeral Home

REGISTRAR

1. DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

26 HOUR

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

20. DATE OF DEATH MONTH

THE

14		OR TATE		DEPARTMENT OF HEALT DICAL EXAMINER'S		EDEATH	5 8	/
		EASED NAME FIRST	MED	MIDDLE	LAST	PEAIN REG.		AY YEAR 2b. HOUR
(	(TYPE	John	)	F. Vici	chions	OF ESTI-	6 6 10	5 1985 M
3. 5	SEX	n CAU	5 DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	INDER 1 YR. IF UNDER	24 HRS. 7c. DATE MIN PRONOUNCED DEAD	MONTH DA	4 1985 D736
70	. BIR	THPLACE (STATE OR	76, CITIZEN OF WH.	AT COUNTRIES	VV	A BALTIMORE CIT		
		ew Jersey	U.S.A.		RIED XX NEVER MARRI	A A	rundel	MD.
	CITY	Y OR TOWN OF DEATH	II. NAME OF HOSP	PITAL, NURSING HOME, OR OT	HER INSTITUTION	170 USUAL OCCUPATION (	TYPE OF WORK 176	
_		en Burnie		rundel Hospital		RetTruck D		rucking
	SUAL a. ST	RESIDENCE (IF IN NURSING HOME OF ATT	TY	136 OTY OR TOWN	13d. INSIDE CITY LIMITS? YES NO 🔽	13e STREET ADDRESS / LE	VITAGE	e Dr.
14.	. FAT	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE		TPACE
		Alfred	Model	Vicchione	Madeline		Napol	itano
160	(YES		WAR OR DATES)	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDR		
	Y	es WW		1141-09-1274	Rose Vicc	<u>hione same a</u>	s 13	
		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	ly one couse per line f D BY:	for (o), (b) ord (c).)	12.	west.	B1	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ı		IMMEDIAT	TE CAUSE (o)	AS A CONSEQUENCE OF	C / / F	7 6 3 4		
		Conditions, if ony, which		AS	CVD.			
		gove rise to immediate couse (a) stating the under-		AS A CONSEQUENCE OF	(.00			
		lying couse lost.	(c)					
	1	PART 2 OTHER SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PAR	T 1 :a		
3	Š.							
13	Š	190. DATE OF OPERATION	19b. CONDITI	ION FOR WHICH OPERATION	WAS PERFORMED?		20	AUTOPSY?
DITE		710. EXTERNAL CAUSE WAS	21b TIME OF	INTRIPY	10 W IN HUNDY O COURSE			YES NO
20	2	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	NOW INJURY OCCURRE	METI MI YRULMI PO BRUTAM RETME)	IN PART I OR PART 2)	
200	2	CONTRIBUTING CAUSE OF (		FINJURY (ATHOME, 211 L	OCATION			
1	¥	WHILE AT WORK AT WORK	STREET FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	1			a had about but the	psy , Inspection	V L		
		228. I certify that I took charg death resulted from: Notur	1	Accident Suicide Suicide	Psy , Inspection	Undetermined monner	ond in my opinion	
		/ / North	1	) Joicide L	TITLE (SPECIFY)	Orderenmined monner	,	, ,
1		ACTUAL SIGNATURE ALLE	with	Mo mo	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED	6/19/85
		EVAMINED'S NAME						
		EXAMINER'S NAME WITT				merica Ct.,Da	vidsonvi	11e 21035
230	SPI	RIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETERY		23d LOCATION CITY OF TOWN	COUNTY	N.J.
7.4			24 June 85	St. Josephs	The second secon	Toms River	Ucean	
	4 FUI	NERAL DIRECTOR NAME: IMPOS S Kirklov	ADDRESS		25% DATE		GISTRAR'S SIGN	

20M 4/82

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haumstrained by the hospital or ottending physicion.
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physicion.

2	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINT)  MARGARET	RUTH	VIDALI	JUNE JUNE	26, 1985 21:
3. S	EX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
1	Female	White	6 14 12 x		RS.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU ANNE ARUI	NDEL COUNTY
16	GLEN BURNIE	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION { TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) 126 KIND OF BUSIN INDUSTRY State Od
130	UAL RESIDENCE (IF NURSING HOME STATE 136 COL Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR  INTY  A.A. 136 CITY OR TO  Pasaden		13e STREET ADDRESS / ZIP C	r Road 21122
17	FATHER'S NAME Frederick	MIDDLE JOHN	son Is MOTHER'S MAIDEN NO	AME	LAST
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES C	RMED FORCES? 166 SOCIAL SEC 219-16-		address ades 142 Bar Ha	21122
	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), oseD BY.  ATE CAUSE (b)	unce with me	tartaria	APPROXIMATE INTI
	Conditions, if any, which	DUE TO, OR AS A CONSEO	herspe Conditional	culu Vislase	5 years
NO	gove rise to immediate cause rat, stating the underlying cause last	DUE TO, OR AS A CONSEO	^	rotema, Hyperka	RMIA 2 Y Car
TIFICATION	gove rise to immediate cause rat, stating the underlying cause last	DUE TO, OR AS A CONSEO	LENGE OF LEARLY, AZ	visterma, Hylerka MINAL DISEASE OR CONDITION 200 AUTOPSY? 206 II	RM14 2 Year
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN1	DUE TO, OR AS A CONSEO  (c) CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED  DAY YEAR 19	vistema, Hyperka MINAL DISEASE OR FONDITION	FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES NO
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN1  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEO  (c) CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICE  216. TIME OF INJURY HOUR A.M. MONTH	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED  DAY YEAR 19 216 HOW INJURY OCCUP	visterma, Hyperka MINAL DISEASE OR CONDITION  200 AUTOPSY? YES	FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES NO
	gove rise to immediate cause Io), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEPARTMENT OF CONTRIBUTING CAUSE OF DEPARTMENT OF CONTRIBUTING CAUSE OF DEPARTMENT OF CONTRIBUTING AUST OF CONTRIBUTION OF CO	DUE TO, OR AS A CONSEO  (c) CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH ER) P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  priol) gitend of the deceased from	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED  DAY YEAR 19 216: HOW INJURY OCCUP E. FARM, ETC.) 216: LOCATION STREET  19  , and that in (my) (autopinion DEGREE	WINAL DISEASE OR ONDITION  200 AUTOPSY? YES NOTE  NOTE  CITY OR TOWN  1 death occurred on the date and	FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES NOT
	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DO (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK AT WORK 22a. I certify that (1) (this has sow the deceased alive cobave, (1) and (2) (1) (2) (2) (1) (2) (1) (2) (2) (1) (2) (2) (1) (2) (2) (1) (2) (2) (1) (2) (2) (1) (2) (2) (1) (2) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	DUE TO, OR AS A CONSEO  (c) CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  pitol) gittends of the deceased from in view the Idody after death  AUGUST  19.	DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED  21c HOW INJURY OCCUP TO THE TERM TO THE T	WINAL DISEASE OR CONDITION  200 AUTOPSY?  YES NOW  NOTE OF INJURY IN ITEA  CITY OR TOWN  1 death occurred on the date and	FYES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES NO COUNTY TO THE HOUR OF PART 2)  COUNTY THE HOUR OF PART 2)  AD, THE DIFFERENCE OF THE PART 2)

- STATE OF MARYLAND

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190146		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 5 8 7 3 EDT			
e ω <del>ξ</del>		CEASED NAME FIRST RUFUS	MIDDLE	WARNER	20. DATE OF DEATH MONTH	30, 1985 845 MPM			
tor, page 3	3. SE		14. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
director.	1	nale	white	2 18 1903	82 YR	MONTHS DATS HOURS MIN.			
ea. Gage		RTHPLACE ISTATE OR FOREIGN COUNTRY! CAROLINA	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY <u>OR</u> COUI ANNE ARU	NTY OF DEATH  INDEL COUNTY MD.			
s offer d	10. C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUN	NG HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN ASST - HUR OSMA	IZB. KIND OF BUSINESS OR INDUSTRY  DARRY MARNING			
24 hour	USU. 13a. S	AL RESIDENCE (IF NURSING HOME CONTATE)	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		130 STREET ADDRESS / ZIP CO	ODE /			
ad within	14. FA	THER'S NAME FIRST  H.	MIDDLE WARNE	15. MOTHER'S MAIDEN NA FIRST  EMMA	ME	SCARO BOURGH			
n and ca Pages medica		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECULIVE WAR OR DATES!	SZIRA John H. W.	ADDRESS	+13E			
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TENDING or o or took of the or or use os of the other or use or	Y.	22a.l certify that (I) (this hasp	pital) attended the deceased from	, 19 83 , and that in (my) (our) opinion	, to	hour and from the causes stated			
y the hospital y the hospital RAL DIRECTOR detoched for u tote Dept. of H. NT. If them 21 is		22b. SIGNATURE	ot) view the body ofter death.	DEGREE ATTENDING PHYSICIAN [	DIRECTOR PHYSICIAN	22c. DATE SIGNED			
TO HOSPITAL retained by the TO FUNERAL should be determined the State with the State		22d PHYSICIAN'S NAME (TYPE	ORPRINT)	L. C. Contract	N BURNIE, MARYL	AND 21061 7 50 16500			
BP	230.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	GIEN BURNI	e AA. Md.			
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR,	4 ANNAPSIES	M-21201 250. DA	TE REC'D. BY REGISTRAR 256, REC	GISTRAR'S SIGNATURE			

ANNAPSILS

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7733 Unit 6 Telegraph Rd 21061 Matta Joseph P. Wasiliwski same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated 22c. DATE SIGNED 06-05-85 DIRECTOR | PHYSICIAN | 7845 OAKWOOD ROAD, SUITE 200 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria 10 June 85 Crownsville MD. Vet. Crownsville 24 FUNERAL DIRECTOR James S. Kirkley Glen Burnie MD (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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17h KIND OF BUSINESS OR

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IF UNDER 1 YEAR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and easterned for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remayal.

BP. DHMH - 16 60M (VRA 15, 4)

	REGISTRAR					ICATE OF DEATH	REG. N	O.		FDT
I. DE	Male  BIRTHPLACE (STATE OR FO COUNTRY)  Male  BIRTHPLACE (STATE OR FO COUNTRY)  MALE  BIRTHPLACE (STATE OR FO COUNTRY)  MAY  GLEN BURN)  UAL RESIDENCE (IF NURSE STATE  Maryland  FATHER'S NAME  FIRST  Charles  WAS DECEASED EVER 1  (YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEATH  PART 1. DEATH W.  Conditions, if ony, gove rise to imm couse (o.), stoting underlying couse  PART 2. OTHER SIGN  BLEED  190 DATE OF OPERAT  210. ACCIDENT WAS UNDI OR CONTRIBUTING CUS  (IF EITHER, NOTHEY MEDIC AT WORK  270. I certify thotal  270. I certify thotal 270. SIGNATURE  (171. PHYSICIAN'S NA.)  271. PHYSICIAN'S NA.	nard EIH	K.	MIDDLE	Wei WEIG	gman MAN	20 DATE OF DEATH	18	1985	26 HOUR 720
3 SE	X		4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	ARS LAST BIRTHDAY)  ARS LAST BIRTHDAY)  THE UNDER I YEAR  MONTHS OAYS  THE CITY OR COUNTY OF DEATH  INC ARIUNDEL COUNTY  COUPATION FOR MOST OF WORKING LIFE INDUSTRY  OPERATOR  DDRESS / ZIP CODE  MAYWOOD AVE  MIDDLE  LESLI  APPROSE  APPROSE  BEWEEN  APPROSE  OR CONDITION GIVEN IN PART IN  BEWEEN  APPROSE  CITY OR TOWN  COUNTY  CITY OR TOWN  COUNTY	IF UNDER 24 H	
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		OREIGN		WHAT COUNTRY	(? 8. MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
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USU 13a. S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
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14. F			MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		145	Ţ
	Charles			Weigm	an	Elmira			Lesli	e
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	PART I. DEATH W			HEPAT	ORE	NAI ZAI	ILIDE		V	1 1.34
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## DEP

STATE OF MARYLAND	1770	100		5	grade	0	1	
ARTMENT OF HEALTH AND MENTAL HYGIENE	8	3	*	1	3	0	1	
CERTIFICATE OF DEATH		DE C	10					

5	1 "	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
		CEASED NAME FIRST CARC	MIDDLE	w	EITZEL	20 DATE OF DEATH MO		OUR A
,	3. SE)		1. RACE WHITE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHD)		DER 24 HRS
9	É	RTHPLACE (STATEORFOREIGN COUNTRY) Baltimore Md.	76 CITIZEN OF WHAT COU	MARRIE			indel Co.	MD.
3		nnapolis	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GF  anne Ar	VE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WIT  **ROLLE**		
6	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	NTY 13LCITY C		13d INSIDE CITY LIMITS? YES NO A	130.STREET ADDRESS / ZI	ern View Rd	
20	I4 FA	THER'S NAME FIRST  harry  J	Meitze	AST	15. MOTHER'S MAIDEN NAM FIRST Adele	WIDDLE	Koch	M.
		VAS DECEAŠED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	- 07 - 5546	William We	ADDRESS eitzel sam	ne as 13e.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL	nly one couse per line for 10 D BY:	espirate	ory Insuff	aciency	APPROXIMATE IN BETWEEN ONSET A	-
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A COL	etastale	c. Breast	Cancer	2 yea	'ns
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7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON P.M.	TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
I	WED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	61	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
			1 /	19.81, or		leoth occurred on the date	and hour and from the couses	
		226. SIGNATURE	Cole I	11		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNE	185
		E.W.	COLE III		51 FRANK		NNAPOCIS M	W.
	(	Burial, cremation, removal Specify) Burial	236. DATE 6/5/85		emetery or crematory ore Cem.	23d LOCATION CITY OR TOWN Baltimo	e, Md.	STATE

IMPORTANT I

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR 12 Ridgely Ave. Hardesty Funeral Home ann.

Baltimoe, Md.

250. DATE RECD. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

1015 1035 Landon-Rondelle

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

				STATE	OF MARYLAND		- 5 7 12
172103	1.	FOR STATE	DEPA		ALTH AND MENTAL HY	GIENES 5	2010
JL F Per Ja. C C		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
	1. DE	CEASED NAME FIRST	MIDDLE	LA	31.	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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noy be	2.05			White			985 M
E 2	3. SE		4 RACE	5. D'ATE OI	D.W. Mess	6. AGE AN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge ecto	1	Male	White	May	26, 1918	72 YR	S.
a ip of	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH
Co Cath		Manuland	United State	WIDOWEL		Anne Arundi	el Co. Mo
To the B	10 C	TY OR TOWN OF DEATH	11 ALAME OF HOCOURAL ADDE	Strie Heart of	07.1150 0.105 151.1710.11	12a. USUAL OCCUPATION	126. KIND OF BUSINESS OR
生を集	Gi	bson Island	Ayrie & Wo	reej address) Ra		Boat-yand open	G LIFE) INDUSTRY
3 ma 1 6 3 4 4 16	-	AL RESIDENCE (IF NURSING HOME OR			•	Douc-gariar ope	
d de de		TATE . 136 COUN	ITY. 113c_CITY OR TO		136 INSIDE CITY LIMITS?	136. STREET ADDRESS	Gibson Islan
<b>新</b>	//	lanyland Anne	Arundel gibsor	i Js.	YES NO	Ayrlie Water	Rd./ 21056
errithing a stelly 2 st	14. FA	THER'S NAME	AIDDLE LAST	14	15. MOTHER'S MAIDEN NA	ME	AA LAST
MARYI ed with ed with cond 2 s	1	Hann	- White		Eleanon	MIDDLE	Muers
		VAS DECEASED EVER IN U.S. AR/		ECURITY NO.	17 INFORMANT	ADDRESS	Gibson Islan
BALTIMORE.	0	II WILL 113	WAR OR DATES)	-9854	John White	/ Ayrlie Water	
TIN be	_	yes w.w.	2 21/-0/	-9054	John White	/ Nyrice water	
BAI cote ysici oper val.	113	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE!		ond (cl.)	<u> </u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rtific anpane			E CAUSE (D) Mult	ple .	Systam 1	Trophy	3 months
ding orbo			DUE TO, OR AS A CONSE	OUENCE OF	1		
STC eath tren ve co on,	- 0	Conditions, if ony, which	( 16)	WOENCE OF	45CUD		2 yes
PRE de de de montre de		gove rise to immediate	) (6)			10-11-17-(1-10)	
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ed be selected be or core	-		(c)		// '		32.73.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death cert attending physician. (Iter this certificate has been signed by the ottending as the burial-tronsit permit. Then please remove corban th and Mental Hygiene prior to burial, cremation, or ret orked or Item 18 showcany injury, or other traumotic ex	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT I	OT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(o)
ORO required	CERTIFICATION						
e ow	V	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
he land	E					YES NO	YES NO
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Physical Phy		OR CONTRIBUTING CAUSE OF DEA					
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NG NG os t		AT WORK	of the control of	11/18			
S m constant	. 11	22a. I certify that (1) (this hospit		,	. 19		, 19, that (I) (we) last
TITE ppite		sow the deceased alive on obove (ii) we (did) (did not	1) view the body ofter death.	9, one	that in my (our) opinion	death accurred on the date and I	hour and from the causes stated
R hoo hoo heept heept		22b. SIGNATURE		D	EGREE		22c. DATE SIGNED
AL DI AL DI TE DI		( ). d	Ihen.	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/13/85
SPITA I by NERA be de e Stot	110	22d. PHYSICIAN'S NAME (TYPE OF	(PRINT)		22e. ADDRESS	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1//-/00
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	23a E	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		(remation	June 14,85 \	ecurity	Process Inc	Bal	timore Co. Md.
DHMH - 16 50M 7/77	24. FI	INERAL DIRECTOR	Mountair	2 & Tick	Neck Rds. DA	TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
(VR A 15 (4))	11	c Cully Funeral	Home / Pasade	na, Md.	21122	UN 1 8 1985	Million-Mandelle

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 160116 DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-08/00 ATHRYN esinger DEATH MATED 19 85 6 AN 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) ANNE ARUNDEL DIVORCED Baltimore Md WIDOWED USA 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12h KIND OF BUSINESS ANNAPOLIS ARUNDEL GEN. HOSP OMEMAKER 138. INSIDE CITY LIMITS? 13e STREET ADDRES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE DIVISION OF WIT William Oscar Spooner I.vnne Konn INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO no 220 09 5077 Robert L. Wiesinger APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ( BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY 23 hours IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE Canditions, if any, which SCVD unknown gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A COASEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION WRITING ...
ARDED TO THE ...
AGE 3 SHOULD BE USED A...
TATE DEPARTMENT OF HEAI
"1701 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? N/A N/A YES 216 TIME OF INJURY 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTHADAY YEAR UNDERLYING OR N/A N/A 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE AT WORK NA CITY OR TOWN COUNTY STATE N/A N/A EXECUTE THE CERTIFICATE, V PACE SHOULD BE FORW, TO FUNEXIL DIRECTOR: PA AFIER DEATH, WITH THE STE BALTIMOSE, MARYLAND, 21 Inspection X 220 I certify that I took charge of the remains described above, held on Autapsy Inquiry and in my apinian Natural causes Suicide death resulted from: Accident Homicide __ Undetermined manner SIGNATURE EXAMINER'S NAMWILLIAM P. Jones, M.I ADDRESS 695 America Crt., Davidsonville, Md. 21035 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation 6-3-85 Baltimore BP Westview Crematory Md MG REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g. DATE REC **DHMH - 17** ADDRESS (VR A15 ME (5)) Hardestv FH. 12 Ridgely Ave. Ann. Md

1005

111N 5

20M 4/82

STATE OF MARYLAND

32 1031

6-18-1985

Annapolis, Md. 21401

WILLIAM REESE & SONS MORTUARY. P.A.

STATE

I. DECEASED NAME

(TYPE OR PRINT)

REGISTRAR

23a BURIAL, CREMATION, REMOVAL

BURTAL

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH MONTH YEAR AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** ANNE ARUNDEL COUNTY

2b. HOUR.

12h KIND OF BUSINESS OR

INDUSTRY

YES [

23d. LOCATION

Annapolis

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

231. NAME OF CEMETERY OR CREMATORY

PINELAWN MEM. PARK

COUNTY

22c DATE SIGNED

la Davidson-Randelli

Maryland

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BROWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS.

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ZUUTAA ... 6-18-1985 'YHDHARR H .. 142 | HIRARDE A.A. LATTUR Penepelte, Md. 21091 Tellin Russia es Jis Peniuari, T.A.

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Mo. 2/20	Vi M. F.	rginia ATHER'S NAME	Arl:	Ington	N/.			YES	NO K	2644 N.	Sycan	ore S	treet	22207
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TO MEDICAL EXAN EXECUTE THE CERT PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WIT SHUMORE, MARN	23a.B	EXAMINER'S (TYPE OR PRIM URIAL, CREMA SPECIFY)	NAME Marg	arita A.				ADDRESS		d. LOCATION	Balto.	COUNT	γ	TATE
07/84 BROJOL 25M DHMH - 17	24 F	urial UNERAL DIREC	TOR n Funeral	June 27, Home 39				12.	em.	Ar1	ington		rginia	<b>L</b>

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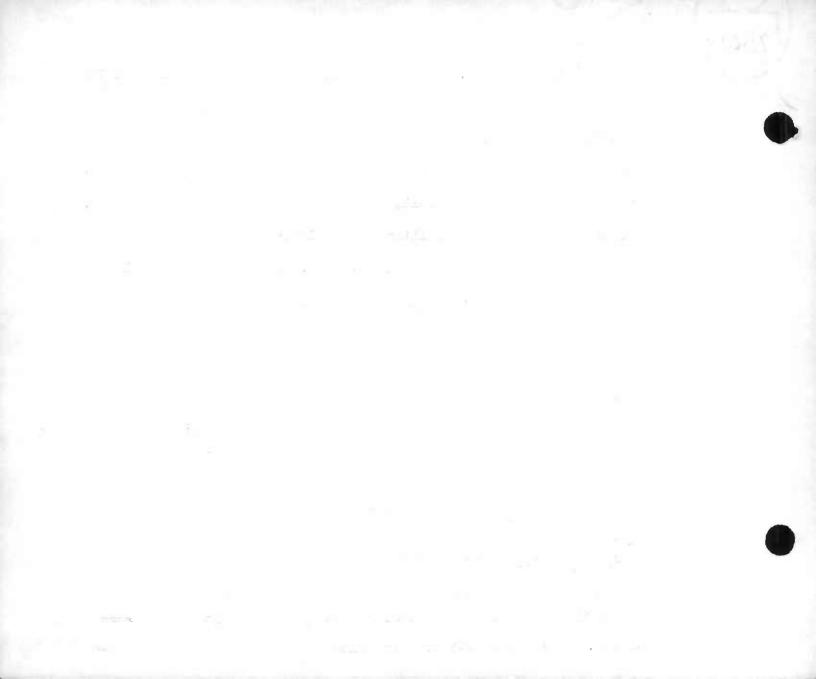
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ofter de to	10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NUR FACILITY, GIVE STR	SING HOME O	ROTHER INSTITUTIO	N 12a USI	der der	ON	12h 1ND BE	KIND O	Steel
35	USU A 13a. S			SIVE RESIDENCE BEF 13c. CITY OR TO Annapo		13d. INSIDE CITY LIMI YES NO		EET ADDRESS	ZIP CO	DE	Dr.	21403
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certificate bing physicio		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:	ine far (a), (b),	and ICH						APPROXI BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
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SICIAN: The partition of physicial certificate in rial-transit end Hygie end Hygie frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M	MONTH	DAY YEAR	21c. HOW INJURY O	CCURRED (ENT	er nature of injul	RY IN ITEM 1	B PART I OF	PART 2)	
DING PHYSICIAN: or attending physician After this certifical e as the burial-tran alth and Mental Hy marked of them 18	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE O			211. LOCATION STREET		CITY OR TO	wN	CC	YINUC	STATE
A ATTENDIN hospital or a properties of the spital or a fire use or pri. of Health em 21 is mor		220 I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	MA	19		d that in (my) (our) o	pinian death oc	urred on the do	ote and h	_, 19 our and f		that (1) (we) los
0 0 0 0 =		17h SGNATURE	Wiew me body o	a decin	9.	DEGREE ATTEND PHYSIC		CAL STAF	FIAN	27	C. DATE	SIGNED
HOSP!		Te Strey A. A.	afferm	am W	1	22e ADDRESS	00.	И о.с.			-	
Of odds	23a B	urial, cremation, removal specify Burial				EMETERY OR CREMAT	TORY 23d L	OCATION all town		COUN	JIY	Md STATE

DHMH - 16 50M 4/83 (VRA 15, 4) George J. Gonce 4001 Ritchres Hgwy Balto Md

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE JUN 1 9 1985



	1			\$1	ATE OF MARYLAND	2	200 TE D	- 1
168139	1-	FOR . STATE REGISTRAR			F HEALTH AND MENTAL HY FIFICATE OF DEATH	GIENE 3 REG. NO.	5 8 8	1
		CEASED NAME FIRST	N	IDDLE	LAST	28. DATE OF DEATH MONT	H DAY YEAR 2	b HOUR
may be page 3	L	Nora		0.	Wilson	6-	-11-85	М
4 may ror, pag offer de	3. SE		4 RACE		TE OF BIRTH ONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
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E, MARYLL	IIA. FA	THER'S NAME FIRST	MIDDLE OF	Neill	15 MOTHER'S MAIDEN N. FIRST	AME MIDDLE	O'Brien LAST	
BALTIMORE, MA cate be executed ysicion and comp opers. Pages of wal:	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURITY N	010101	ADDRESS	0.1 0.1/	24422
ALTIM e be cion e ers. Pe I.	-			212-32-1510	OLIVIA WILSO	W. 1985 Poplar	Kidge Rd/	ATE INTERVAL
NN ST., BAL n certificate ding physici or removal.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	ED BY. ATE CAUSE (a)	Respirator  Ras a consequence of			BETWEEN ON	SET AND DEATH
death death offered ave continut, a roumat		Conditions, if any, which	( (b)	Arterioscl	erosis gener	alized		
W. PR to the object the by the cost remo		gove rise to immediate cause (a), stating the underlying cause last.		AS A CONSEQUENCE C	F			
s that s that ed by olease rial, cr				AHD				
DS, 7	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	NIKIBUTING TO DEATH	BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITIC	IN GIVEN IN PART TIG	
LRECOR	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED		, IF YES, WERE FINDING CERTIFYING CAUSES O YES	
//SION OF VITAI PHYSICIAN: The trending physicion ar this certificate in the bund-tronsit and Mental Hygie ced or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D				RRED (ENTER NATURE OF INJURY IN II	EM 18, PART 1 OR PART 2)	
SICIA ring p certif virial- Aental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P./ 21e. PLACE (		211, LOCATION			
DIVISION  DING PHY:  ar attenthis e as the bu alth and M marked ar	WED	WHILE ONOT WHILE O		EET, FACTORY, OFFICE, FARM, ETC		CITY OR TOWN	COUNTY	STATE
O a d a a E		220. I certify that (I) (this has			- /			at (I) (we) last
R ATTEND haspital a haspital a hed for use ppt. of Hea tem 21 is m		saw the deceased alive a abave (1) (we) (did) (did n	n Jine	4 19 85 ofte death.	, and that in (my) (aur) apiniar	death accurred an the date a	nd haur and fram the ca	iuses stated
OR the		226. SIGNATURE	7	11	DEGREE	MEDICAL STAFF	22c. DATE SI	GNED
TAL OIL oil y the RAL DI detach fore De NT, If It		Tremus	d. (	pols .	PHYSICIAN	DIRECTOR PHYSICIAN	6-	12-85
HOSPIT HO		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
TO HOSPITAL trebined by thhis free Funeral IT or Funeral II with the Store I MAPORTANT.		Francis I	Codd M		PO BOX 627			146
5 5 5 2 3 €		URIAL, CREMATION, REMOVA	L 23b. DATE		OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP		Crtombment	June 1	5.85 Loude	n Park Cemeter	y Baltimore	COUNTY	land
DHMH - 16 50M 1/76	24 FU	JNERAL DIRECTOR	Moun	tain & lick	TEUT / WUJA	REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATUR	ndelle :
(VR A 15 (4) )	Mo	Cully Funeral	nome /	Pasadena, Mo	421122	JN 1 3 1085	lie Devidson-10	R

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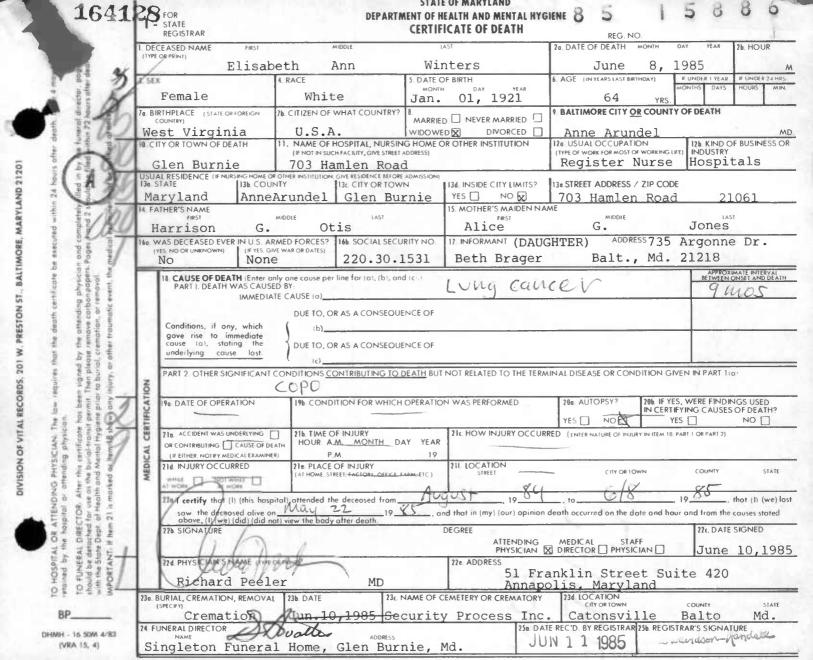
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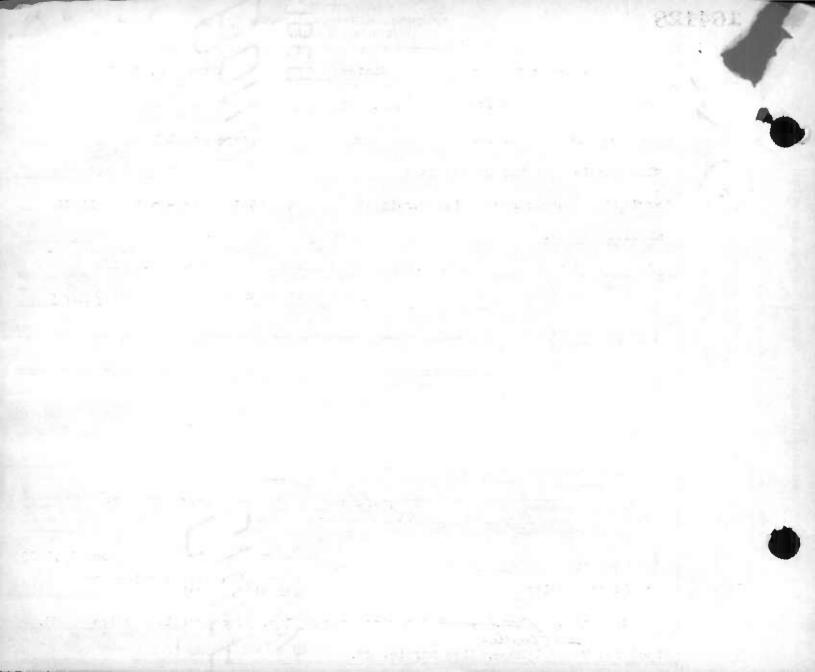
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5 11.	FOR STATE	D	STATE DEPARTMENT OF HE	OF MARYLAND ALTH AND MEI		E 5	5 3	8 :	ő
L.	REGISTRAR	MED	DICAL EXAMINE	R'S CERTIFIC	ATE OF DEA	ATH REG. NO	0.		No.
	PE OR PRINT)		MIDDLE	LAST	0	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR	2b. HOUR
17	Wilso	on Cori	nelius W	inemille	r SR.	OF ESTI-	6-14	1985	1100
3. SE	Male White	5. DATE OF BIRTH MONTH DAY 10-28	YEAR LAST BIRTHDAY)		HOURS MIN.	2c. DATE PRONOUNCED DEAD	6-14	1985	1 T:3
70 B	SIRTHPLACE (STATE OR	76. CITIZEN OF WH		AAA DONES AFTENSVE		9 BALTIMORE CITY	OR COUNTY OF		M
	oreign country) [aryland	USA		married X Neve vidowed 🗌	DIVORCED [	Anne Ar	undel	Co.	MD.
10. C	Churchton	11. NAME OF HOSE (IF NOT IN SUCH FACE 5558 F	PITAL, NURSING HOME, C PILITY, GIVE STREET ADDRESS) Panklin Bl	Vd.	ON 120 US	ual occupation (TYP MOST OF WORKING LIFE) ansportat	ion U	OR INDUSTR	SINESS
130. S	AL RESIDENCE (IF IN NURSING HOME O STATE 13b. COUNT		13c. CITY OR TOWN Churchto	n 13d INSIDE CITY	4		inoBlv	773 d.	3
74. F.	ATHER'S NAME Clarence	MIDDLE	Winemiller	15. MOTHER Sad	S MAIDEN NAME	WIDDLE	Fletc	her	
16a. \	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE V	WED FORCES? WAR OR DATES)	166. SOCIAL SECURITY N 216071973			ADDRESS inemiller	Same	as #	13
	18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a) stating the <u>under-</u> lying cause last.	D BY: TE CAUSE (a)  DUE TO, OR (b)	AS A CONSEQUENCE OF	one offers	1. 14t. + 6g-	Fortune	79)	approximate tween onset	AND DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS OF		UT NOT RELATED TO THE TERMINA				20	AUTOPSY?	ио 🕅
N CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O		211. LOCATION STREET		CITY OR TOWN	COUNTY		STATE
	220. I certify that I took charge	e of the remains desc	ribed abave, held an	Autopsy ,	Inspection 🔀	Inquiry , ar	nd in my apinion		
BALTIMORE, MARYLAND, 2	ACTUAL SIGNATURE	- S a	Accident Suicie	TINE (SPE	(CIFY)	OICAL EXAMINER	DATE SIGNED_6	-14	- YJ 1413
730.8	AGTUAL SIGNATURE  EXAMINER'S NAME  (TYPE OR PRINT)  URIAL CREMATION, REMOVAL 2:	- 5 a 155 E. 36. DATE	WHEEL 123C. NAME OF CEME	M.D. ADDRESS 9	MED PO	DICAL EXAMINER  MINUS Rd  DICATION	DATE SIGNED 6	-14 IAP.	- Y5 1403
	ACTUAL SIGNATURE  EXAMINER'S NAME  (TYPE OR PRINT)	- 5 a	WHEEL.	M.D. ADDRESS 9  TERY OR CREMATOR  11e Meth	MED PO	CICALEXAMINER  COLOTION CONTROL CONTRO	DATE SIGNED 6	Md. st	- Y3   Y43

. 72035 Cardine Course F They was any of the state of the Thene I. Marker in The Committee





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3	should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages and a minimal with most attained eath with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	IMPORTANT: If Item 21 is marked or Item 18 showngary injury, or other traumatic event, the medical outsides with the colliner contracts of the contract of the
Reformed by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate !	should be detached for use as the burial-transit with the State Dept. of Health and Mental Hygie	IMPORTANT: If Item 21 is morked or Item 18 sho
BP.	+		- 1
HMH(/	- 16 /RA	60M	7/B4

1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	1588/
	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26 HOURST
	DORIS	E	WOOD	Tram	07 1985 1108 4
3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE ( STENEST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	White	June 25, 1919		RS.
Ma	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	U.S.A.	MARRIED XX NEVER MARRIED WIDOWED DIVORCED		NDEL COUNTY MD.
10. C	GLEN BURNIE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUND)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY  Own Home
13a Ma	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU aryland A.		WN 13d. INSIDE CITY LIMITS?		nd Ave. 21108
	Elijah	Adams Adams	Ida	MIDDLE	Kiser
		RMED FORCES? 16b SOCIAL SEC IVE WAR OR DATES) 212-10-5		od same as 13	
CERTIFICATION	Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause lost	mildatores.	me any	us blace.	NGIVEN IN PART 110  ALAM  FYES, WERE FINDINGS USED
TIFIC,	THE DATE OF OPERATION		TOTERATION WAS PERFORMED		ERTIFYING CAUSES OF DEATH?
MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINED COURRED NOT WHILE NOT WHILE		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITE.	m (8 PART   OR PART 2)  COUNTY STATE
	220 I certify that (I) this hosp	pitof attended the deceased from 19 griview the body ofter death	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	TIL DATE BIGNED
23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	RNIE MARYLAND	21061
	Burial		ood Family Cemetery	Millersvil	le A.A. MD
	uneral director ames S. Kirklev	ADDRESS	250. DA	E REC'D. BY REGISTRAR 256 RE	

tallet

MURTH ASSESSED HOSPITAL

GITEA MINATE

THE PERSON AND THE STATE OF THE

YOUR BREET TAKE

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1				-57		STAT	MARYLAND		alti.	4 4	5 3	8 9		
	1 -	FOR STATE			DEPARTA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH.								
ł		REGISTRAR				-	REG. NO. EDT							
	1. DECEASED NAME FIRST			٨	WIDDLE	ı	AST	26. WAF OF DEATH MONTH DAY YEAR 26 HOUR						
1		GEORG	GE	. YOUNG					JUNE 19, 1985   644 H					
1	3. SEX			4 RACE 5. DATE O					ARS LAST BIRTHDAY		UNDER I YEAR	HOURS MIN.		
1	M	la le		White		Mar	ch 1, 1940°	45		YRS				
		RTHPLACE (STATE OR FOREIGN		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED XX	9 BALTIMO	RE CITY OR CO	OF DEATH				
4		laryland		U.S.A.		WIDOWED DIVORCED		AN	COUNT	Y MD.				
Ī	ID. CIT	Y OR TOWN OF DEA		HOSPITAL, NURSIN	120 USUAL OCCUPATION 126, KIND OF BUSINESS O									
jez		GLEN BURNIE			ARUNDEL	ITAL	(Type of work for most of working life)   NDUSTRY   Restaraun							
	USUA 13a. S	L RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP	CODE				
4		MD	A.A				YES NO XX	1603	Marley	Ave	21061			
1	14. FA	THER'S NAME		MIDDLE	LAST	15. MOTHER'S MAIDEN NAM		ME			LAST			
1		Herman		MIDDE	Young		Elsie		opt	Gre	enwoo	id		
	160 WAS DECEASED EVER IN U.S. ARME				166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS					
	(YES, NO OR UNKNOWN) (IF YES, GIVE			220-36-1244			Elsie League	1607	Marley	Ave	2. 21061			
		18 CAUSE OF DEAT			line for (a), (b), and				APPROX BETWEEN	ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY												
				DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any		( 1b)_	(b) Hepatitic									
		gove rise to important cause (a), status		DUE TO, OR AS A CONSEQUENCE OF										
	1	underlying couse	lost.	(c)		···								
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
1	o l													
7	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	20a AUTO			WERE FINDING CAPUSES	NGS USED S OF DEATH?					
	Ë				YES [	NO 🗌								
		210. ACCIDENT WAS UN	-	216. TIME O		AY YEAR	21c HOW INJURY OCCURE	RED (ENTERNA	TURE OF INJURY IN I	TEM 18 PAR	T   OR PART 2)			
	MEDICAL	(IF EITHER NOTIFY MEDI		P.M. 19										
	ÉD	21d INJURY OCCUR		21e. PLACE (	OF INJURY	211 LOCATION STREET				H TOWY COUNTY STATE				
	<b> </b>	AT WORK NOT WE	-ILE _				10				00			
		22a.l certify the	hospi	tal) attended the	e deceased from	00	18 19 37	, to	6/19	19	0)	that (it (ve) lost		
		sow the decear	did Edid no	new the hody	after death	0	nd that in (my) (pur) opinion o	death occurre	d an the date o	nd hour c	and from the	causes stated		

22e ADDRESS

GI EN BUR

7010 RITCHIE HIGHWAY E MARYIAND 238 LOCATION Brooklyn Pk.

230 BURIAL, CREMATION, REMOVAL BUrial Cedar Hill Cemetery 22 June 85

GISTRAR 256. REGISTRAR'S SIGNATURE

MD^{STATE}

DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detached MPORTANT: If He

James S. Kirkley Glen Burnie MD



220. I certify that I took charge of the remains described above, held anAutopsy_X,InspectionI,InquiryI,and in my opinion	100								MARYLAND			- 403		10	
DECESTABLE NAME   FEST   SOUTH   SEG NO.   SOUTH SET   SOUTH   SEG NO.   SEG NO.   SOUTH   SEG NO.   SEG NO.   SOUTH   SEG NO.	16310	79								100	NE -	5	3 7 1	J	
Dale    Date   Harry   Zeigler   Jr.   Sex   Sex						WE	EDICAL EXA	MINER'S	CERTIFICA	TE OF DE	ATH REG	5. NO.		.ex	
Dale    Harry   Zeigler   Jr.   DART OF BRITT   Jr.   DART OF BRIT		-			FIRST		WIDDLE		LAST		20. DATE KNOW	HTMOM 🔯 V	DAY YEAR	25 HOUR	
DESERVITATION OF THAT IS AGREED MADE TO BIRTH   LAGE   INVEST & MADE   M	190 or 12	1	(TYP	OR PRINT)	Dale		Harry	7	eigler	ln.			E / 100E		
M W   1/1/61   24 yes   Market Country	30	Early of	3 SEX	4. R/		DATE OF BIRTH	6. AG	E (IN YEARS   IF UI			2c DATE	MONTH	DAY YEAR	24 HOUR	
TO STATE CONTROL OF A CONTROL O	XX SX					MONTH DAY	YEAR LAST	BIRTHDAY) MON			PRONOUNCED				
MARRIED   MAYER MARRIED   Anne Arundel County, ADD   Anne Arundel County,	A CONTRACTOR	2/2		* 1				4 YRS.						Рм	
B. CITY OR TOWN OF DEATH   II) NAME OF HOSPITAL NURSING HOME OR OTHER HOSPITAL STUDIOS   III DUAL OCCUPATION (THE OWNOR IN 1987)   III DUAL OCCUPATION (TH	ESS ERA ERA	414			K	18. CITIZEN OF W		8. MARR	IED 🛮 NEVER	MARRIED [		_			
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Annapolis Anne Arundel General Hospital Student Texas  Washington  Ballevue	50 年 20 日	112	ID. CI	TY OR TOWN OF D	EATH				HER INSTITUTION				OR INDUSTR	SINESS	
USUAL RESIDENCE of the Amagenia updated and price and applications according to the property of the policy of th	A CAM		1	Annapo]	lis /				spital				Texas		
Washington  Bellevue  VES   NO   13026 N.E. 1st/St. 98005  IN FATHER'S NAME   N	300	42//				OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)		uurea laa er	OFFT ADDRESS	0	4 State	<b>3</b>	
TATATHER'S NAME    REST   ADDIE	AN DESCRIPTION	84	100							10   13   13   13   13   13   13   13	026 N.F	1st St	9800	05	
Dale H. Zeigler Carol Miller    New Madding Content of the Content	S. # 25	200					Derre	syuc				, 130 00	, 0000		
The condition of the under course of the remains described down, which operation was performed by the country of the course of the remains described on Augusty 2011   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))   18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), and (c)		9/12		FIRST		MIDDLE			FIRST		WIDDLE	1 F : A 4			
CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).)	A GE	8-												Miller	
Recommendation   Reco	TER PAR	No 12	16a. V	S, NO, OR UNKNOWN)	I (IF YES, GIVE W	AR OR DATES)	166. SOCIAL SE	CURITY NO.							
Recommendation   Reco	ALI SIVE	N S	_	Yes	1980-	-1984	536 62	2869	Green	Funer	al Home	Belley	rue, W.	Α	
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Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.    Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	NA OF NA OF NA	E N		PARTIDEATH				Electro	cution						
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216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 11:10 A.M. MONTH DAY YEAR SUBJECT MOVING Well driller boom when boom contributing cause of Death 11:10 A.M. MONTH DAY YEAR SUBJECT MOVING Well driller boom when boom contributing cause of Death 11:10 A.M. MONTH DAY YEAR SUBJECT MOVING Well driller boom when boom contributing cause of Death 11:10 A.M. MONTH DAY YEAR SUBJECT MOVING Well driller boom when boom contributing cause of the Process of Contributing causes of the Process of Contributing causes of Contributing causes of the Process of Contributing causes of Contributing Country Countr	S. 2	22		BART 2 OTHER CICHIEL	ANT COMBITIONS OF	(c)	N BUT NOT BUT ATTO TO	THE TERMINAL BICCO	rt on countries our	THE RESERVE					
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AT WORK SAT WORK WOLKSITE RC. #30 and UTU MITT Rd., Althabotts, A.A.Co.in    228.   certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion   death resulted from: Natural couses I, Accident X, Suicide I, Homicide III Undetermined monner III.   ACTUAL SIGNATURE	1 2827	08/_	E											№ □	
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ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 6/6/85  EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. Address 111 Penn St.  236. BURIAL, GREMATION REMOVAL 23b. DATE (SPECIEV) MADRESS 125c. NAME OF CEMETERY OR CREMATORY PRODUCTION CITY OR TOWN  Cremation 6/7/85 Sunset Crematory Bellevue, WA  24. FUNERAL DIRECTOR Henry W. Menkins & Sons Co.  256. DATE REC'D. BY REGISTRAR'S SIGNATURE	S C S C S C S C S C S C S C S C S C S C		Σ	WHILE IN NO	OT WHILE				0.1.1.00.00	4 014 5				0.11112	
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236. BURIAL GEMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYORTOWN COUNTY WASTATE STATE OF CHARLES OF COUNTY OF COU	MIN HE	经了		death resulted fr	om: Natura	l couses .	Accident X,	Suicide	, Homicide	Und	etermined monner				
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236. BURIAL GEMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYORTOWN COUNTY WASTATE COUNTY WASTAT	WE CO	N N	1	(TYPE OR PRINT)	Gree	gory R.	Kauffman,	M.D.	ADDRESS	13	ll Penn St				
Cremation 6/7/85 Sunset Crematory Bellevue, COUNTY WA STATE WA STATE WAS THE W	000000	BAF	23a. B												
24. FUNERAL DIRECTOR Henry W. Wenkins & Sons Co.   250. DATE REC'D. BY REGISTRAR'S SIGNATURE	19946	0	(1	Cremation	on	6/7/85				CI	Bellevue			ATE	
DHMH I NAME Henry W. Wenkins & Sons Co.	125M BP	1							loc						
(VRAIS ME (5)) 4005 York Road Balto, MD 21212				NAME	Henry	W. we	ankins &	Sons 0	٠٥.	IIIN 7	MODE L	Sie Navida	70 .		

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24. FUNERAL DIRECTOR

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